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COUNTY HALL,  
HERTFORD.

*February, 1957.*

To the Chairman and members of the Health Committee.

Ladies and Gentlemen,

I have the honour to present my Report for the year 1955.

Table 1 shows that there has again been the usual 20,000 increase in the population of the County. This is accounted for by an increase of 450 in the number of births, and by an immigration population of 19,550.

The organization of Health Services in a County which has increased in population from 535,000 in 1945 to 700,000 in ten years—and is expected to continue to increase at this rate for some years—is a stimulating and challenging experience. The pleasure which is to be found in tackling an interesting and worth-while job of this kind has been clouded from the outset by difficulties in obtaining staff, and by the curb on capital works.

The majority of the new Hertfordians have come from London Boroughs in which the Social Services were well developed in the pre-war days, and these Boroughs have been able in recent years to maintain a relatively generous service for a diminishing population.

The change in tempo in the Social Services in this County had barely begun in 1939, and the post-war development of services to the level aimed at by the Health Committee would, even in normal circumstances, have presented many problems. This development has, of course, been vastly complicated by the steady influx of people who came to this County by force of circumstances rather than by choice. The transfer from old-established communities to New Towns and Estates lacking in most of the amenities which they value does not predispose to contentment, and it may happen that at first the strongest common bond for the newcomers has been their dissatisfaction. This has understandably led to the organization of many “pressure groups” demanding services on the scale to which they had previously been accustomed. To some extent a freely expressed public opinion has simplified the task of planning, but one cannot help reflecting how much more satisfying it would have been to have had the privilege of tackling a problem of this size in the days when it was possible to recruit staff and provide buildings in advance of an established need.

Working under present-day conditions might easily have been depressing but for the fact that the Health Committee has invariably supported my efforts to meet the special needs of these new communities, and the services—when provided—have been very much appreciated.

Despite many difficulties which have affected our Health Services throughout the County, the “indicator statistics” continue to be satisfactory. The Infant Mortality Rate has again reached a new low record—10,874 children were born alive, and 179 children under one year died. The comparable figures for 1905 were:—Births, 6,413; died under one year, 564.

The first contribution to this Report by the Families Welfare Officer appears on page 29. It seems appropriate that my summing-up of the pioneer work done in this field by a member of the health visiting staff should be followed by an account of the establishment of a new Social Service in the County. One looks forward to the day when the Families Welfare Officer has dealt with the existing load of irrevocably established problem families, and can work increasingly with the Health Department staff in recognizing and dealing with the factors which create these unhappy people.

Members of the Ambulance Sub-Committee will be interested in the thoughtful comments by a General Practitioner quoted on page 34. This commendably precise contribution is the more remarkable in that it was written as a personal letter to me, and not as a report for publication.

The block graph on page 38 gives, in striking form, evidence of the load placed on the Health Services of a County chosen as the new home for people unsatisfactorily housed in the cities. It will be interesting, during the years, to watch developments in these new communities.

In a previous Report, a Chest Physician predicted that the Infectivity Rate need be no higher in a community with a high proportion of tuberculous residents than in an ordinary community if the cases were known, housing was good, and an efficient tuberculosis service was in operation. The figures for 1955 bear out this contention. In an L.C.C. Estate with a population of 17,000, there were 467 people on the Register in 1955, and 28 new cases were notified (not including inward transfers). In a neighbouring town, the corresponding figures were 17,940, 175, and 14.

It is commonplace to complain that the National Health Service has, despite its name, a strong bias in favour of treatment as opposed to prevention. It is interesting to note that all the Chest Physicians are now working in new or specially adapted buildings—a sorry contrast to our experience in trying to provide premises under Section 21 to replace buildings which, in some cases, were recognized twenty-five years ago to be quite unsuitable for the purpose for which they were being used.

Attention is drawn to the reports of the Social Workers in Mental Health on pages 68–73, in view of the topical interest in this subject. It will be agreed that these officers obviously find in their work something more than the dull uninspiring routine of an unimaginative case worker.

In 1955 Miss MacDonald, the County Nursing Officer, exercised the option enjoyed by Nurses of retiring at an earlier age than is usual in Local Government. Miss MacDonald served Hertfordshire for eleven years. Many of these were in the difficult transition period brought about by the introduction of the National Health Service. I am grateful to Miss MacDonald for her unfailing help and loyalty during these demanding years, and I know that the Committee will join with the staff in wishing her happiness in her retirement.

I am, ladies and gentlemen,

Your obedient servant,

J. L. DUNLOP,

*County Medical Officer.*



## CHAIRMAN OF THE HEALTH COMMITTEE.

G. Rollo Walker, Esq.

## STAFF.

(As at 31st December, 1955.)

*County Medical Officer.*

J. L. Dunlop, M.D., D.P.H., D.T.M. &amp; H.

*Deputy County Medical Officer.*

W. Stewart, M.B., Ch.B., D.P.H.

*County Dental Officer.*

A. C. Wilson, L.D.S., R.C.S.

*Divisional Medical Officers.*

(See also page 7.)

*Dacorum.*

M. Gross, M.B., B.S., D.P.H., Churchill, Park Road, Hemel Hempstead.

*North Herts.*

V. R. Walker, B.Sc., M.B., Ch.B., D.P.H., 12 Brand Street, Hitchin.

*St. Albans.*

J. C. Sleight, M.B., Ch.B., D.P.H., 15 Hatfield Road, St. Albans.

*South-West Herts.*

W. Alcock, M.B., Ch.B., B.Hy., D.P.H., Town Hall, Watford.

*Welwyn.*

G. R. Taylor, M.B., B.S., D.P.H., "Gooseacre," Cole Green Lane, Welwyn Garden City.

South Herts Division  
East Herts Division

} No Divisional Scheme in force.

*Assistant County Medical Officers.*

R. M. Allinson, M.B., Ch.B., D.P.H.  
 F. Barasi, M.R.C.S., L.R.C.P., D.P.H.  
 B. E. S. Colman, B.A., M.R.C.S., L.R.C.P.  
 R. S. Cooper, M.B., B.S., D.P.H.  
 J. E. Crawley, M.B., Ch.B., M.R.C.P.  
 M. M. Harwood, M.B., B.S., D.P.H.  
 E. M. Jennings, M.B., Ch.B., D.R.C.O.G.  
 E. M. Jones, M.B., Ch.B., D.P.H.  
 L. S. Karpati, M.D. (Graz).  
 N. MacRae, M.B., Ch.B., D.P.H.  
 M. S. Miller, B.A., M.B., Ch.B., B.A.O., D.P.H.  
 S. J. Moynihan, M.R.C.S., L.R.C.P.  
 H. E. D. E. Ormiston, M.B., B.S., D.P.H.  
 R. G. Pledger, M.B., B.S.  
 J. A. M. M. Stevenson, M.R.C.S., L.R.C.P., D.P.H.  
 J. Walker, M.B., Ch.B., D.C.H.  
 M. Ward, M.B., Ch.B., D.P.H.  
 M. E. Watkins, M.B., B.S.

*Chest Physicians.*

T. A. W. Edwards, B.A., M.B., B.Ch., M.R.C.P.  
 A. G. Hounslow, M.D.  
 N. A. Neville, B.M., B.Ch., M.R.C.P.  
 P. W. Roe, B.A., B.M., B.Ch.  
 J. B. Shaw, M.D., D.P.H.

*County Nursing Officer and Day Nurseries Supervisor.*

V. M. King, S.R.N., S.C.M., H.V., Q.N.

*County Health Inspector.*

J. L. Stringer, M.R.S.I., Cert.S.I.B.

*Senior Authorized Officer.*

W. H. Finch.

*Almoners.*

S. Bone, A.M.I.A.

J. R. Horton, A.M.I.A.

P. Morfey, M.A., A.M.I.A.

M. J. Waghorn, A.M.I.A.

*Home Help Organizer.*

H. M. Watson.

*Social Workers, Mental Health.*

E. M. Morris.

A. G. Peace.

P. E. Rock.

*Chief Clerk.*

W. A. Treharne, A.C.I.S.



# MEDICAL OFFICERS OF HEALTH AND SANITARY INSPECTORS OF COUNTY DISTRICTS.

(As at 31.12.1955.)

<i>Division.</i>	<i>District M.O.H.</i>	<i>County District.</i>	<i>Sanitary Inspector.</i>
East Herts	Dr. E. M. Jones (A.C.M.O.).	Bishop's Stortford U.D.	Mr. A. L. Good
		*Dr. C. R. Hillis (temporary).	Mr. C. Wilson
	Dr. J. Wildman	Hertford B.	Mr. B. Peck
		Hoddesdon U.D.	Mr. W. N. David
		Sawbridgeworth U.D.	Mr. C. A. Ford
		Ware U.D.	Mr. C. J. Lucas
		Braughing R.D.	Mr. E. E. Wateridge
		Hertford R.D.	Mr. H. E. Gilby
		Ware R.D.	Mr. A. D. G. Goold
North Herts	Dr. V. R. Walker ( <b>Divisional County M.O.</b> ).	Baldock U.D.	Mr. B. W. E. Makepiece
		Hitchin U.D.	Mr. N. Holt
		Letchworth U.D.	Mr. A. Jump
		Royston U.D.	Mr. S. M. Jackson
		Stevenage U.D.	Mr. R. V. Lamey
		Hitchin R.D.	Mr. W. M. Matthews
St. Albans	Dr. J. C. Sleigh ( <b>Divisional County M.O.</b> ).	City of St. Albans	Mr. R. E. C. Goddard
		Harpenden U.D.	Mr. J. Snowden
		St. Albans R.D.	Mr. D. J. Graham
	*Dr. G. W. Everett (temporary).	Elstree R.D.	Mr. A. D. S. Blackhall
South Herts	Dr. A. L. Hyatt (temporary).	Barnet U.D.	Mr. J. B. Wilson
	*Dr. C. M. Scott (temporary).	East Barnet U.D.	Mr. W. K. Pickup
South-West Herts.	Dr. W. Alcock ( <b>Divisional County M.O.</b> )	Watford B.	Mr. K. H. Marsden
		Dr. W. Harvey	Mr. A. C. F. Gisborne
	Dr. W. Harvey	Chorleywood U.D.	Mr. W. E. Hands
		Rickmansworth U.D.	Mr. C. R. Alexander
		Watford R.D.	Mr. S. N. Grigg
Welwyn	Dr. G. R. Taylor ( <b>Divisional County M.O.</b> )	Welwyn Garden City U.D.	Mr. M. Stockdale
		Hatfield R.D.	Mr. S. W. Wright
		Welwyn R.D.	Mr. W. J. Avery
Dacorum	Dr. M. Gross ( <b>Divisional County M.O.</b> )	Hemel Hempstead B.	Mr. A. C. Horne
		Berkhamsted U.D.	Mr. C. E. Brogan
		Tring U.D.	Mr. J. F. Norris
		Berkhamsted R.D.	Mr. C. Laidman
		Hemel Hempstead R.D.	Mr. R. H. T. Chappell

\* Also holds appointment as part-time A.C.M.O.

Except where indicated, the officers named here serve County District Councils and are not on the staff of the County Council. This list is included in the Report for the information of those interested in the staffing of the Health Services in the County as a whole.

# ANNUAL REPORT, 1955.

## VITAL STATISTICS FOR THE COUNTY OF HERTFORD.

TABLE 1.  
POPULATION AND ACREAGE.

	Acreage (land and water)	Population at Mid Year			
		Estimate 1952	Estimate 1953	Estimate 1954	Estimate 1955
Boroughs . . . .	21,496	158,410	162,510	166,250	169,110
Urban Districts . . . .	70,664	286,090	293,390	302,050	311,590
Rural Districts . . . .	312,363	189,200	195,600	203,400	211,300
County . . . .	404,523	633,700	651,500	671,700	692,000
England and Wales . . . .	37,339,215	44,274,000			

TABLE 2.  
STATISTICAL SUMMARY.

	See Table	Boroughs		Urbans		Rurals		County	
		1954	1955	1954	1955	1954	1955	1954	1955
Death rate . . . .	3	10·00	10·36	9·06	9·63	10·83	11·11	9·83	10·26
Live birth rate . . . .	5	15·87	16·42	14·96	15·47	16·06	15·51	15·52	15·71
Infant mortality rate	7-8	17·05	15·84	17·92	17·63	17·45	15·26	17·56	16·47
Maternal mortality rate	11	1·48	—	1·52	0·81	0·30	0·30	1·13	0·45
Epidemic death rate . . . .	—	0·05	0·03	0·03	0·04	0·03	0·02	0·04	0·03
Phthisis death rate . . . .	—	0·10	0·06	0·11	0·05	0·10	0·12	0·10	0·08
Cancer death rate . . . .	10	1·88	1·87	1·73	1·83	1·69	1·61	1·76	1·77
Heart disease death rate . . . .	12	3·19	3·45	2·80	3·07	3·46	3·87	3·10	3·32

This summary of the principal vital statistics is prepared from data supplied by the Registrar-General. In the Tables referred to in the second column the statistics are given in greater detail.

In this and subsequent Tables, Infant Mortality is expressed as a rate per thousand live births, and Maternal Mortality as a rate per thousand live and still births.

TABLE 3.  
DEATH RATE.  
(per 1,000 population.)

	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1940-49 (average for ten years).	1,646	11·1	2,747	10·2	1,533	10·0	5,917	10·4	12·0
1950 .	1,704	10·9	2,775	9·9	1,540	9·0	6,019	9·9	12·0
1951 .	1,831	11·8	3,001	10·7	1,670	9·1	6,502	10·5	12·5
1952 .	1,683	10·6	2,794	9·8	1,628	8·6	6,105	9·6	11·2
1953 .	1,815	11·2	2,806	9·6	2,252	11·5	6,873	10·6	11·4
1954 .	1,663	10·0	2,737	9·1	2,202	10·8	6,602	9·8	11·3
1955 .	1,752	10·4	2,990	9·6	2,347	11·1	7,089	10·3	11·7



TABLE 4.—CAUSES OF DEATH, 1955.

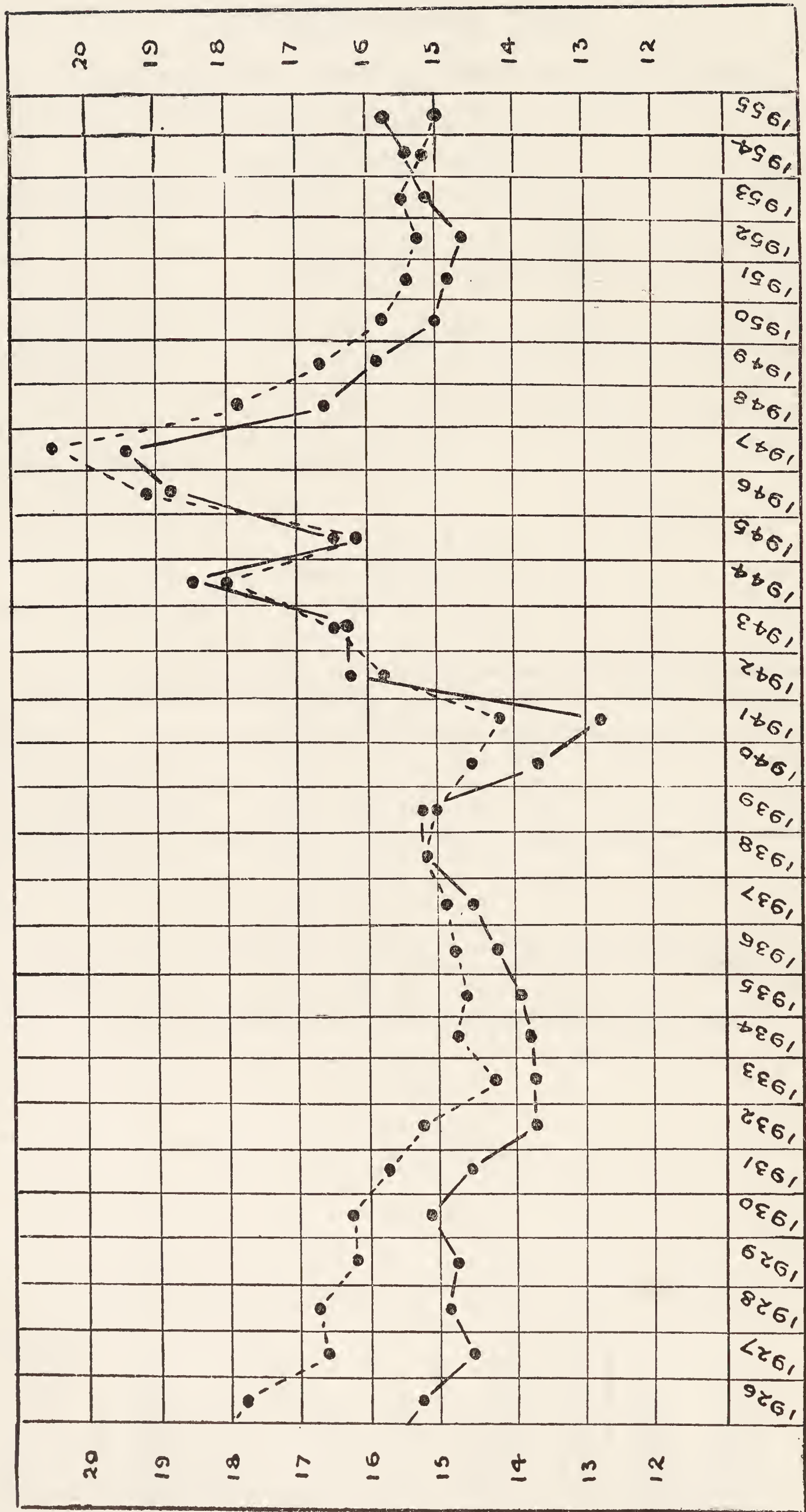
	AGE GROUPS—BOROUGH AND URBAN DISTRICTS												AGE GROUPS—RURAL DISTRICTS												County Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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1	Tuberculosis—respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26	6	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

The number of deaths from "other accidents"—reference No. 34—is nearly two and a half times as great as the number of motor vehicle accidents, in spite of the large number of major roads running through the county. This large number of other accidents stresses the importance of educating the public in home safety.

The need for preventive work in the mental health field is again emphasized by the large number of suicides in the County. Deaths from this cause approximate the total deaths from motor vehicle accidents.

TABLE 5.—BIRTH RATE, 1926-1955.

Per 1,000 Population.



HERTFORDSHIRE ———●————— ENGLAND AND WALES - - - - -●- - - - -

It will be seen that the birth rate for the County has been generally below the rate for England and Wales for the past twenty years. The influence of the New Towns is now beginning to be felt and the County rate is now above the national average.



TABLE 6.

## STILL-BIRTH RATE.

(per 1,000 births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1940-49 (aver- age for ten years)	62	24·6	108	24·5	61	24·2	231	24·7	—
1950 . .	55	23·2	63	15·3	56	20·1	174	18·3	22·6
1951 . .	66	28·1	89	21·3	53	18·8	208	22·1	23·9
1952 . .	51	20·8	77	18·8	56	18·8	184	19·3	22·6
1953 . .	45	18·2	81	19·0	56	17·2	182	18·2	22·4
1954 . .	64	23·7	95	20·6	69	20·7	228	21·4	24·0
1955 . .	50	17·7	89	18·1	77	23·0	216	19·5	23·1

TABLE 7.

## INFANT MORTALITY.

(Deaths under 1 year.)

(per 1,000 live births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1940-49 (aver- age for ten years)	76	31	151	33	78	32	294	32	46
1950 . .	56	24	80	20	51	19	187	21	30
1951 . .	64	28	92	22	66	23	222	24	30
1952 . .	53	22	82	20	42	14	177	19	28
1953 . .	54	22	101	24	70	22	225	23	27
1954 . .	45	17	81	18	57	17	183	18	26
1955 . .	44	16	85	18	50	15	179	16	25

TABLE 8.—INFANT MORTALITY RATE, 1926-1955.  
Per 1,000 Live Births.

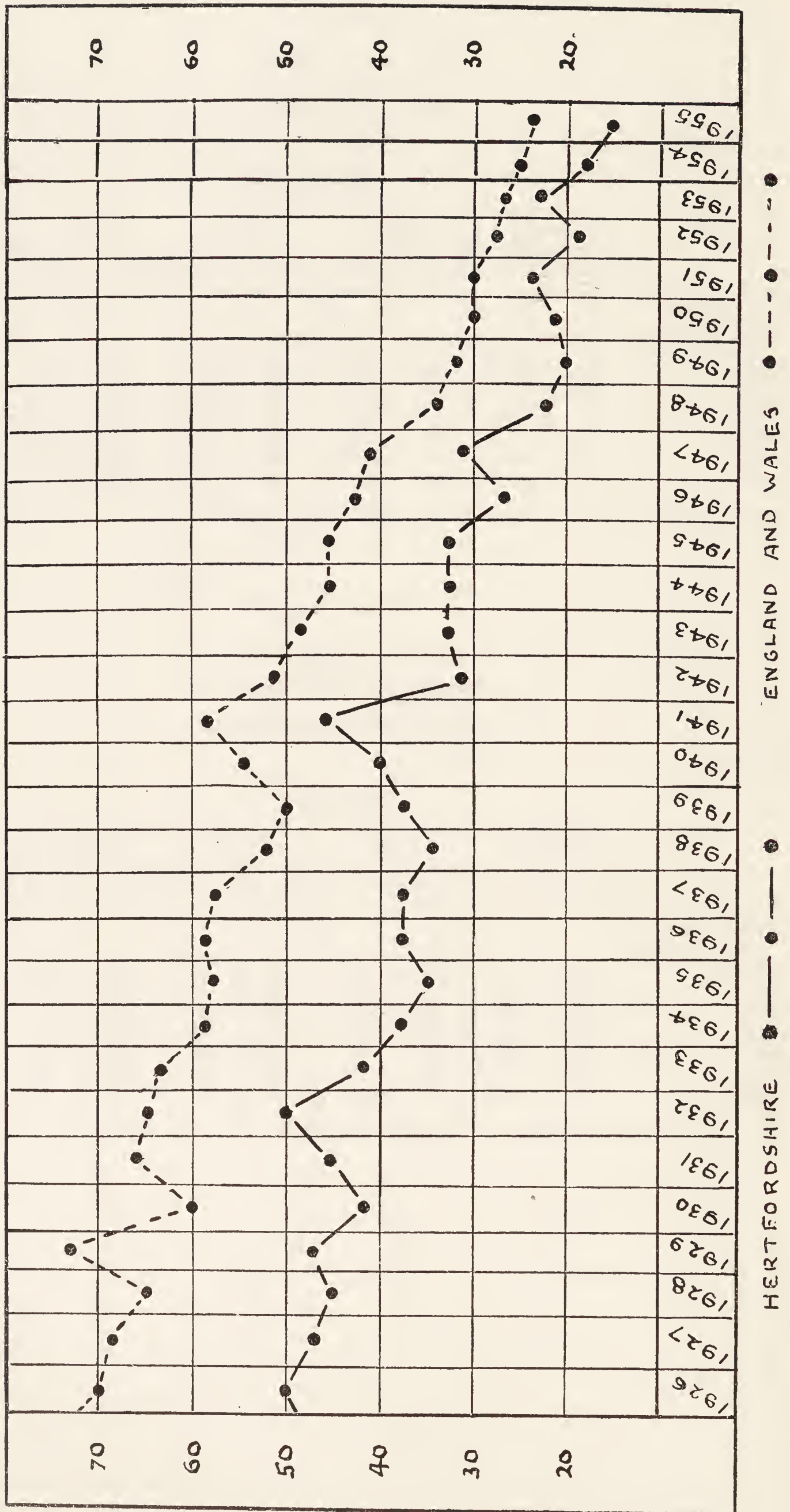


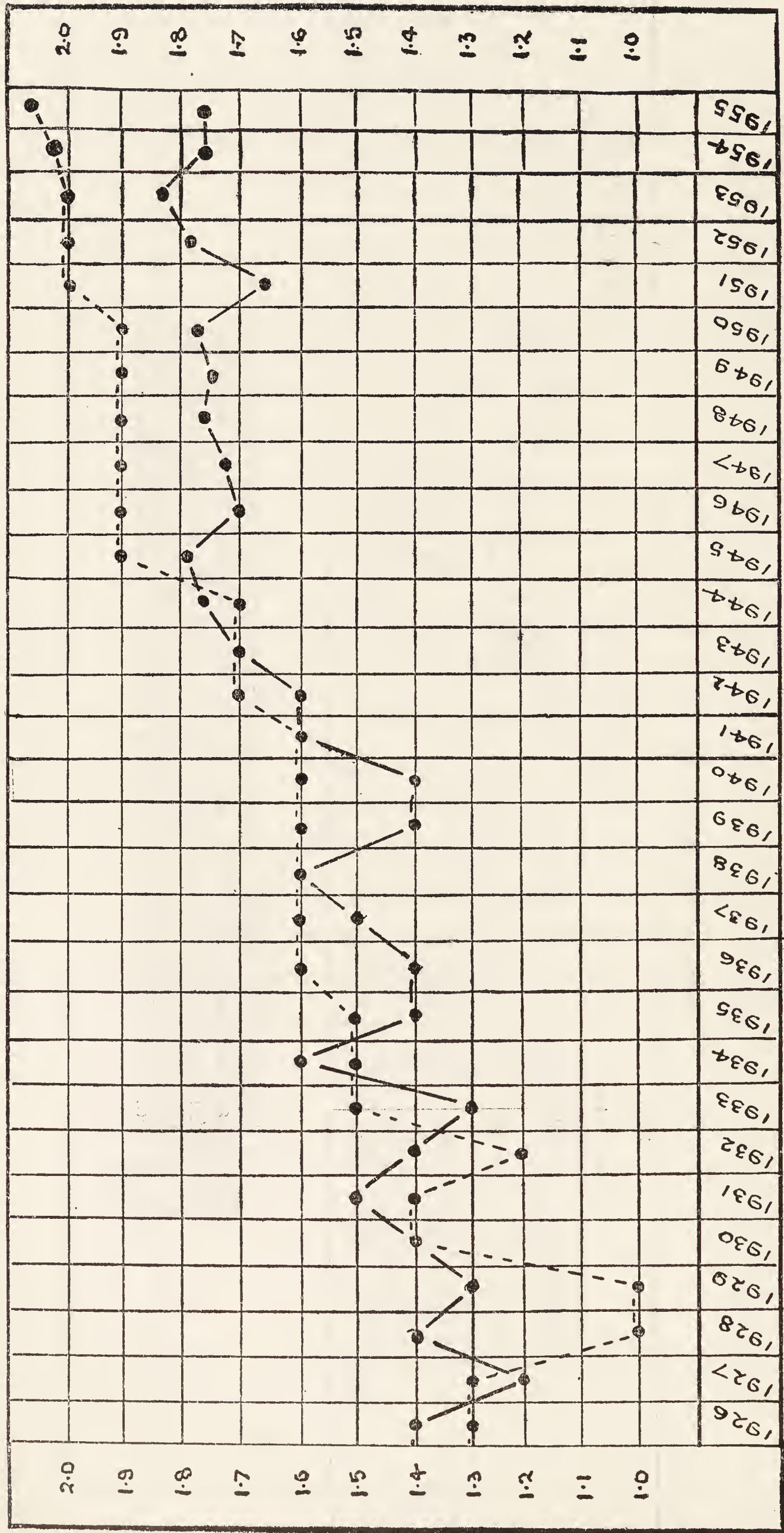
TABLE 9.—LIVE BIRTHS AND INFANT DEATHS, 1955.

	A. Live Births				B. No. of Infant Deaths (under one year)				C. No. of Infants in B who died under four weeks.					
	Legitimate		Illegitimate		Legitimate		Illegitimate		Legitimate		Illegitimate		Total	Rate
	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males				
Boroughs .	1,330	1,315	62	70	20	23	1	—	17	14	1	—	32	11.52
Urbans .	2,389	2,245	93	93	53	27	2	3	37	22	1	3	63	13.07
Rurals .	1,637	1,522	67	51	26	22	1	1	22	15	—	—	37	11.29
County .	5,356	5,082	222	214	99	72	4	4	76	51	2	3	132	12.14

A division of the number of infant deaths into legitimate and illegitimate shows that whereas the legitimate rate was 16.4 the illegitimate rate was 18.4. This latter figure compares favourably with the illegitimate infant death rate for England and Wales which in 1954 was 32, and may be regarded as a tribute to the work done in the County in caring for the Unmarried Mother and her child.



TABLE 10.—CANCER DEATH RATE, 1926-1955.  
Per 1,000 Population.



HERTFORDSHIRE

ENGLAND AND WALES

This table shows that the cancer death rate is substantially below the national average. This is partly a reflection of the age constitution of the population of the County.



TABLE 11.

## MATERNAL MORTALITY.

(Number of Deaths of Mothers per 1,000 Births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1940-49 (average for ten years)	3	1.4	7	1.6	4	1.5	14	1.5	1.7
1950 . .	1	0.4	5	1.2	4	1.4	10	1.1	0.9
1951 . .	1	0.4	—	—	2	0.7	3	0.3	0.8
1952 . .	1	0.4	3	0.7	2	0.7	6	0.6	0.7
1953 . .	3	1.2	1	0.2	1	0.3	5	0.5	0.8
1954 . .	4	1.5	7	1.5	1	0.3	12	1.1	0.7
1955 . .	—	—	4	0.8	1	0.3	5	0.5	0.6

TABLE 12.

## HEART DISEASE DEATH RATE.

(per 1,000 population.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1940-49 (average for ten years)	509	3.4	682	2.6	443	2.8	1,624	2.9	3.3
1950	523	3.4	898	3.2	527	3.1	1,948	3.2	3.8
1951	595	3.8	943	3.4	587	3.2	2,125	3.4	4.1
1952	524	3.3	853	3.0	508	2.7	1,885	3.0	—
1953	552	3.4	793	2.7	681	3.5	2,026	3.1	—
1954	530	3.2	846	2.8	704	3.5	2,080	3.1	—
1955	585	3.5	957	3.1	817	3.9	2,359	3.3	—

TABLE 13.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1955. (CORRECTED).

District.	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Enteric or Typhoid	Paratyphoid	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox*	Malaria	Undulant Fever	Infective Hepatitis	Wells Disease	Tuberculosis		Total for Districts
			Paralytic	Non- Paralytic						Infective	Post- Infective													Pulmonary	Non- Pulmonary	
Boroughs—																										
1 Hemel Hempstead	5	49	5	1	91	—	—	—	—	—	—	—	—	—	1	4	2	—	—	—	—	—	—	18	4	180
2 Hertford	5	1	3	1	284	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	302
3 St. Albans	14	167	1	7	952	—	9	2	—	—	—	—	—	6	—	8	3	—	—	—	—	—	—	35	5	1,212
4 Watford	22	95	7	1	883	—	16	34	—	—	—	—	—	8	3	—	7	—	—	—	—	—	—	74	7	1,172
Totals Boroughs	46	312	16	10	2,210	—	25	37	—	—	—	1	—	14	4	20	13	—	—	—	—	—	—	127	16	2,866
URBANS—																										
1 Baldoek	—	1	—	1	128	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	3	—	140
2 Barnet	12	34	1	2	345	—	8	1	—	—	—	—	—	—	1	—	55	1	—	—	—	—	—	15	2	488
3 Berkhamsted	4	37	1	1	363	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	6	1	418
4 Bishop's Stortford	4	25	—	2	254	—	3	—	—	—	—	—	—	—	1	—	18	—	—	—	—	—	—	4	—	319
5 Bushey	9	26	2	—	279	—	8	14	—	—	—	1	—	—	—	—	71	30	—	—	—	—	—	9	—	451
6 Cheshunt	18	6	9	8	740	—	49	5	—	—	—	—	5	—	—	6	3	2	—	—	—	—	—	1	—	863
7 Chorleywood	—	4	1	—	71	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	82
8 East Barnet	13	78	—	1	494	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	905
9 Harpenden	6	32	2	—	247	—	3	—	—	—	—	—	—	—	1	—	4	—	283	1	—	—	—	2	—	306
10 Hitchin	24	77	1	—	328	—	4	2	—	—	—	1	—	—	1	—	9	—	—	—	—	—	—	1	—	476
11 Hoddesdon	—	11	—	1	247	—	7	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	285
12 Letchworth	1	29	1	2	617	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	667
13 Rickmansworth	3	8	3	—	489	—	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	526
14 Royston	—	—	—	—	1	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
15 Sawbridgeworth	—	1	—	1	78	—	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	91
16 Stevenage	13	24	2	1	491	—	5	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	556
17 Tring	2	2	—	—	114	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	120
18 Ware	5	2	1	—	260	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	319
19 Welwyn Garden City	8	66	5	5	298	1	41	7	—	—	—	—	1	—	—	3	6	—	—	—	—	—	—	14	2	457
Totals Urbans	122	463	29	25	5,844	1	153	35	—	—	1	2	8	20	4	33	173	33	283	1	—	—	—	148	14	7,476
RURALS—																										
1 Berkhamsted	1	2	—	2	101	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	111
2 Braughing	2	36	1	1	213	—	10	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	273
3 Elstree	12	7	3	6	549	2	4	4	—	—	—	1	—	3	—	2	—	—	—	—	—	—	—	1	—	610
4 Hatfield	21	10	4	1	625	—	16	1	—	—	—	—	—	2	—	58	1	—	—	—	—	—	—	2	—	750
5 Hemel Hempstead	12	11	—	—	139	—	1	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	172
6 Hertford	8	10	4	—	78	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	104
7 Hitchin	3	32	1	1	117	—	3	—	—	—	—	—	—	1	—	3	1	—	—	—	—	—	—	—	—	185
8 St. Albans	31	47	4	5	488	—	6	81	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	6	5	704
9 Ware	4	23	2	2	254	—	7	1	—	—	—	—	—	1	—	3	—	—	—	—	—	—	—	27	3	304
10 Watford	38	78	6	7	926	—	29	16	—	—	—	—	—	3	—	20	2	2	—	—	—	—	—	52	2	1,182
11 Welwyn	—	—	—	—	6	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	11
Totals Rurals	132	256	25	25	3,496	2	82	104	—	—	1	2	1	10	2	88	6	2	—	—	—	—	—	122	15	4,406
Totals County	500	1,031	70	60	11,550	3	260	176	—	—	2	5	9	44	10	141	192	35	283	1	—	—	—	397	45	14,748

Notification of Infectious Diseases (Table 13).

Comment on the three cases of diphtheria will be found in Section 26 of this report, page 32.

## NATIONAL HEALTH SERVICE ACT, 1946.

## Notes on Statistical Return to Ministry of Health (Form L.H.S. 27).

Each year the Health Department completes for the Ministry of Health a Return in the form of a statistical summary of the work done in connection with the services administered under Part III of the National Health Service Act, 1946. Comment on the particular services will be found in the body of the report.

	1953.	1954.	1955.
Births :—			
Notified . . . . .	10,101	10,632	12,513
Live . . . . .	9,914	10,409	12,280
Still . . . . .	187	223	233
Premature Births :—			
Notified . . . . .	725	703	674
Born :—			
At home . . . . .	162	145	125
In nursing homes . . . . .	16	23	35
In hospitals . . . . .	547	535	514
Midwives :—			
Domiciliary :—			
Employed by local Health Authority . (Representing whole-time equivalent) .	100 49½	103 52½	107 48 <sup>6</sup> / <sub>10</sub>
Employed by Hospital Management Committee . . . . .	6	6	6
Private Practice . . . . .	12	10	10
Institutional :—			
Employed in hospitals . . . . .	128	119	129
Employed in nursing homes . . . . .	19	21	22
Gas and Air Analgesia :—			
Midwives qualified to administer gas and analgesia . . . . .	229	219	237
Ante-Natal Clinics :—			
Sessions per month . . . . .	78	73	63
Attendances made . . . . .	8,692	9,980	10,398
Infant Welfare Centres :—			
Sessions per month . . . . .	360	388	405
Attendances made . . . . .	170,588	182,983	180,585
Health Visitors :—			
Number employed . . . . . (Representing whole-time equivalent)	119 43 <sup>1</sup> / <sub>6</sub>	123 44 <sup>5</sup> / <sub>6</sub>	124 62 <sup>6</sup> / <sub>10</sub>
Home Nurses :—			
Number employed . . . . . (Representing whole-time equivalent)	128 71 <sup>5</sup> / <sub>2</sub>	134 76 <sup>1</sup> / <sub>2</sub>	148 91 <sup>1</sup> / <sub>2</sub>
Day Nurseries :—			
Approved places : 0-2 years . . . . .	314	274	240
2-5 years . . . . .	558	456	402
On register at 31st December : 0-2 years .	168	118	106
2-5 years . . . . .	414	336	294
Average daily attendances : 0-2 years .	159	119	88
2-5 years . . . . .	356	291	233
Home Helps :—			
Employed whole-time . . . . .	—	—	—
Employed part-time . . . . .	489	540	555
Nurseries and Child Minders Act, 1948 :—			
Premises registered . . . . .	4	5	9
Minders registered . . . . .	15	28	32
Registered Nursing Homes . . . . .	33	31	27

Administrative and Organising Staff are not included in the above table.



## SECTION 21—HEALTH CENTRES.

At last it is possible to report real progress in meeting part of the most urgent need for new health buildings in the County. Mention was made in my last annual report of a new Health Centre which was due to be put into commission in January, 1955, at Welwyn Garden City. This Centre was officially opened by Miss Pat Hornsby-Smith, Parliamentary Secretary to the Minister of Health, on the 3rd June, 1955.

Already the Centre has established itself as the Principal Health Centre for a population of 25,000. There have been many advantages in having the Divisional Health Offices adjacent. The two buildings have become the focal point for the majority of the health and allied interests in the town.

A similar principal Health Centre which will be ready for use in November, 1956, is being erected at Boreham Wood. Further centres on our priority list are scheduled for East Barnet, Hatfield, Hitchin, Oxhey, and Stevenage. During the next five years it is hoped to build Centres of this type at Hemel Hempstead and Letchworth. By then it is anticipated that the need for the larger type of Centre in the County will have been mainly met.

Further subsidiary Health Centres will be needed in the smaller towns and the outlying areas of some of the larger towns. It is hoped that these will be built in the main in association with primary schools. The five centres of this type so far erected are proving of great value.

A Mobile Welfare Centre was put into service in the north and east of the County in November. This caravan and towing unit was primarily purchased to meet the needs of the rural areas where no Welfare Centre provision existed, or where unsuitable halls had, of necessity, to be used. The unit has been a success but it has certain disadvantages, particularly the inconvenience caused to mothers when the vehicle is off the road or bad weather prevents it keeping to the advertised programme.

## SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

TABLE 14.

### INFANT WELFARE CENTRE ATTENDANCES.

	No. of Centres	Sessions Held	Doctors' Attendances	No. of Children who Attended	Children's Attendances	
					Total	Average per Session
1951 . .	112	3,946	2,879	23,287	158,902	41
1952 . .	114	4,112	2,996	24,202	169,588	41
1953 . .	116	4,412	3,201	24,181	170,588	38
1954 . .	124	4,660	3,457	24,853	182,983	39
1955 . .	127	4,827	3,595	24,617	180,585	37

### *Ophthalmic Clinics.*

During 1955, 210 children were seen for the first time at the Eye Clinics and a further 459 attendances were made by children under five for re-examination. The Ophthalmologists prescribed spectacles in 118 cases.

These examinations take place at the seventeen School Eye Clinics in the County, under special arrangements agreed with the Herts Executive Council who are responsible for the supply of the spectacles recommended for the children.



## DAY NURSERIES.

				<i>Number of Approved Places at 31st December, 1955.</i>		
				<i>0-2 years.</i>	<i>2-5 years.</i>	<i>Total.</i>
Barnet . . .	53 Wood Street . . .			20	50	70
Boreham Wood . . .	Shenley Road . . .			32	40	72
Bushey . . .	London Road . . .			30	50	80
East Barnet . . .	29 Station Road . . .			23	27	50
Letchworth . . .	1 Norton Way North . . .			20	30	50
St. Albans . . .	Royal Road . . .			30	30	60
Waltham Cross . . .	157 High Street . . .			20	20	40
Ware . . .	Bowling Road . . .			10	40	50
Watford . . .	Leggatts Way . . .			20	60	80
Watford . . .	St. Albans Road (Beechwood) . . .			15	35	50
Welwyn Garden City	Woodhall Lane . . .			20	20	40
				<hr/>	<hr/>	<hr/>
				240	402	642
				<hr/>	<hr/>	<hr/>

*Report of the County Nursing Officer.*

Two Day Nurseries were closed in 1955. Hertford, mentioned in last year's Report, was closed on the 31st March, 1955, and arrangements were made for the children to be transported by taxi to Ware Nursery. Although this latter Nursery can take fifty children, the number on the register at the 31st December was twenty full-time and two part-time attendances.

Rickmansworth Nursery closed on the 30th June. The number of children attending at the time of closure was nine, six of whom were transferred to Bushey Nursery.

During the year the erection of a fifty-place Day Nursery at Boreham Wood was authorized to replace the seventy-two-place Nursery, the site of which was held under requisitioning powers.

In general, the number of children on the registers of the Nurseries is much lower than the number of approved places. We are still meeting difficulty in placing students, who are taking the N.N.E.B. training, at Nurseries convenient to their home and Education Centres. However, during this year twelve first-year students and sixteen second-year students were employed in the Nurseries. The staffing in the Nurseries has presented no difficulties, although some of the staff are understandably apprehensive as to their future.

No. of children inspected during 1955	528	1954 (639)
No. of reinspections . . . . .	573	1954 (549)

*Defects found.*

<i>Defect or Disease.</i>	<i>No. of Defects requiring treatment</i>		<i>No. of Defects requiring observation but not treatment.</i>	
	<i>1954.</i>	<i>1955.</i>	<i>1954.</i>	<i>1955.</i>
Cleanliness . . . . .	—	—	—	—
Heart . . . . .	11	—	16	15
Lungs . . . . .	3	—	26	13
Eyes . . . . .	17	13	10	9
Ears . . . . .	10	6	6	—
Nose . . . . .	14	6	20	10
Throat . . . . .	30	13	34	36
Skin . . . . .	28	9	12	9
Alimentary System . . . . .	1	4	2	1
Teeth . . . . .	22	19	4	12
Nervous System . . . . .	12	3	7	9
Deformities . . . . .	29	26	52	40
Other . . . . .	23	38	4	15
Total . . . . .	200	137	193	169

## MATERNITY AND CHILD WELFARE DENTAL SERVICE, 1955.

*Report of the County Dental Officer.*

Although staffing difficulties have persisted throughout the year, it has been possible to provide for the dental care of maternity and child welfare patients at five more centres, namely, Berkhamsted, Boreham Wood, Hoddesdon, Stevenage, and St. Albans. The total number of clinics in operation at the end of the year was twenty-one.

The dental suites which have been provided at the Health Centre at Welwyn Garden City and at the School Health Annexes, are functioning most satisfactorily. These new buildings which have been designed for specific purposes, enable improved facilities to be offered to the mothers and their children. The modern equipment and the cheerful surroundings have given rise to many expressions of appreciation, both from the patients and from the staff. Up-to-date facilities help to reduce the inevitable strain of dental work, particularly with the very young children.

Twenty-eight dental officers were employed at December 31st, equivalent to twelve in terms of whole-time. The southern part of the County continues to be better served than the northern part: this situation tends to give rise to criticisms that some areas appear to be favoured more than others. The majority of dental surgeons who wish to join the staff, offer their services in a very limited field, and every effort is made to meet their wishes. It is only occasionally that an officer can be persuaded to hold sessions at any distance from his address, thus the uneven distribution of dental facilities cannot be avoided. Many of the part-time staff have their own practices, or hold assistantships, on the southern borders of Hertfordshire, and they, quite naturally, will only entertain offers of local employment.

The national shortage of dental practitioners is becoming so serious that the Government has set up a Committee, under the chairmanship of Lord McNair, to consider the matter. Little improvement in the position can be envisaged in the near future, as the loss of dental manpower through death and retirement is not at present being balanced by recruitment.

Impending legislation may permit certain classes of persons, other than registered dental surgeons, to carry out treatment within defined limits. A partial solution to the problem of the persistent shortage of dental officers could be provided by the use of ancillary workers, but the extent to which they would be effective would depend on the restrictions placed upon their employment.

Particulars of the work carried out during 1955 are given in the following tables :—

## EXPECTANT AND NURSING MOTHERS.

Number of mothers examined . . . . .	291
Number of mothers needing treatment . . . . .	265
Number of mothers treated . . . . .	191
Number of mothers made dentally fit . . . . .	155
Scalings and gum treatments . . . . .	51
Fillings . . . . .	184
Extractions . . . . .	271
General anæsthetics . . . . .	101

## CHILDREN UNDER FIVE.

Number of children examined . . . . .	2,589
Number of children needing treatment . . . . .	1,781
Number of children treated . . . . .	1,387
Number of children made dentally fit . . . . .	1,225
Scalings and gum treatments . . . . .	11
Fillings . . . . .	983
Silver nitrate treatments . . . . .	467
Extractions . . . . .	2,152
General anæsthetics . . . . .	971

These figures show increases over those of last year. A greater proportion of treatment continues to be devoted to the child welfare cases, as the mothers are still able to secure attention more readily under the National Health



Service than are the children. A worthy feature of the treatment given to these young people is the amount of conservation it has been possible to undertake, as shown by the fact that seventy-one fillings were carried out for every hundred children treated.

It is most disappointing that it has not been possible to extend the service to any appreciable extent. When the National Health Service Act came into force, it was envisaged that priority dental treatment would be available for those sections of the community who would be able to benefit most, but such has not proved to be the case. The aim of the dental service is to provide facilities for the routine examination of all expectant mothers attending ante-natal clinics, of nursing mothers who have not received attention as ante-natal cases, and of children attending the welfare centres, with full treatment to be available in all cases.

It is hoped that the staffing situation will improve in the near future and that the difficulties in providing a really adequate priority dental service will be overcome.

#### UNMARRIED MOTHERS.

Current arrangements for the care of unmarried mothers in Hertfordshire appear to meet the needs of the problem and no difficulty has fortunately been found in obtaining vacancies in Mother and Baby Homes as required, although it is in the nature of this work that fluctuations occur in its volume which occasionally cause a shortage of vacancies in certain homes.

This Authority has arrangements with a private maternity home in the county for the reservation of a number of beds. The same fluctuation occurs there as will be seen from the fact that for four months the numbers resident varied from five to eight, while in July none of our reserved beds were occupied for a few days, and there were less than four in residence until November when the numbers again jumped to seven only to drop to two again after Christmas. Our difficulty is appreciated there and help with an additional vacancy in emergencies can invariably be arranged.

During the early summer, of seven residents three were emergency admissions who had made no adequate plans ; one girl of seventeen and reputed to be difficult in her behaviour at home ; another of low mentality and said to have a predilection for starting fights, and a third with a poor home background who had been to an approved school. A fourth was a second-baby case, said by the local worker to be very difficult and cantankerous and generally troublesome. I viewed this mixed collection with some dismay and was accordingly impressed to find them all living happily together and throughout their stay causing no trouble either amongst themselves or to the Matron.

Five married women have resumed life with their husbands after the adoption of their illegitimate child and the marriages have been saved.

Fifteen babies were placed for adoption ; twelve mothers found it possible, despite their original doubts, to return home and keep their babies and five were placed in employment where they could have the baby with them. All are getting along satisfactorily to date.

One resident was a professional woman who by her own efforts found a post as mother's help which has proved congenial, her intention being when the child is older to find accommodation and resume the type of work to which she is accustomed.

A serviceman's widow living with her small boy in unsatisfactory conditions in a remote and lonely part of the County decided that she could not part from her baby and through financial help from ex-service funds and unflagging personal effort on the part of the Director of the Forces Help Society she was helped to obtain better accommodation in an area where Day Nursery provision and employment was available and thus to keep her two children with her.

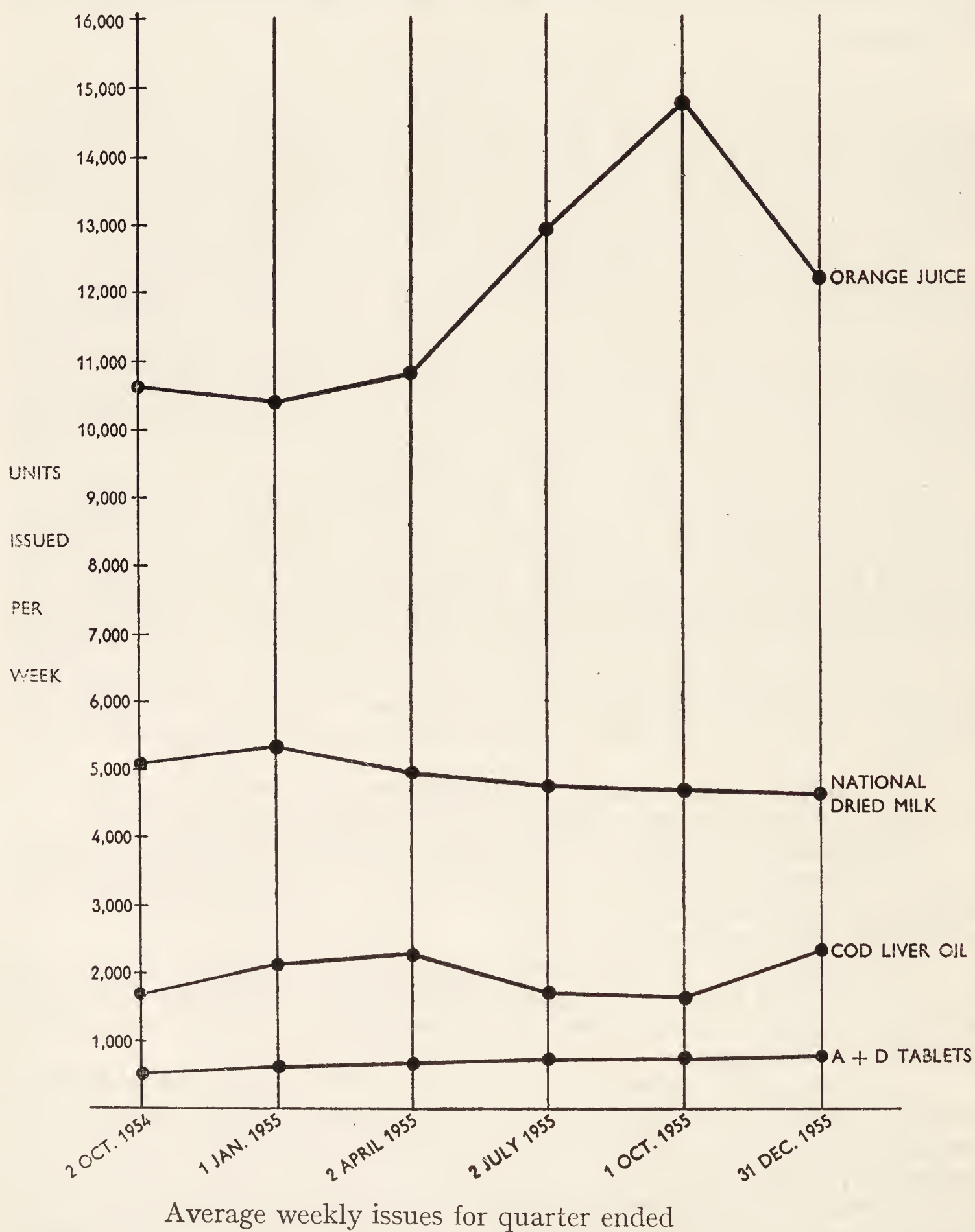
All but five of those admitted to the maternity home were normally resident in Hertfordshire.

### WELFARE FOODS.

The distribution for Welfare Foods, responsibility for which passed to Local Health Authorities in June, 1954, is still carried out largely by voluntary effort. Only nineteen of the 193 distribution centres employ paid staff. The regular attendance of voluntary workers at the distribution centres and the help given in distributing these foods by the shopkeepers throughout the County has meant an excellent service to the public.

The demand for orange juice, cod liver oil, and "A" and "D" tablets is growing, whereas there is a slight decrease in the demand for National Dried Milk as the following graph illustrates :—

SALES OF WELFARE FOODS PERIOD 28TH JUNE, 1954, TO 31ST DECEMBER, 1955.





Total issues are as shown in the table which follows :—

TABLE 15.  
ISSUES OF WELFARE FOODS, 1955.

	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin A and D Tablets Packets	Orange Juice Bottles
Issued to beneficiaries against coupons .	248,224	105,118	37,994	661,228
Issued to hospitals and day nurseries .	1,710	1,387	66	4,771
Total . . . . .	249,934	106,505	38,060	665,999

QUARTERLY ISSUES, 1955.

	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin A and D Tablets Packets	Orange Juice Bottles
January to March . . . . .	65,280	30,019	8,561	142,723
April to June . . . . .	62,221	23,333	9,320	169,674
July to September . . . . .	61,625	22,029	9,959	194,002
October to December . . . . .	60,808	31,124	10,220	159,600

## NURSING SERVICES

### NURSES' HOUSES.

In 1955, the County Council completed three new houses for District Nurse/Midwives at Breachwood Green, Codicote, and Knebworth. In addition, four houses and one flat were rented from District Councils, Development Corporations, and the London County Council. It is considered preferable to have a house sufficiently large to enable the Nurse to have a duty room where she can interview patients, keep and sterilize her equipment.

Wherever possible the rented properties have been selected, if a choice has been given, on sites which give the maximum amount of privacy for the Nurse and are yet easily accessible to the public. Some difficulty has been experienced in obtaining garages, but these have been forthcoming eventually.

### SECTION 23.—MIDWIFERY.

#### *Report of the County Nursing Officer.*

The total number of home confinements in 1955 was 3,926, of which only 37 were attended by private midwives or maternity nurses. Of the 3,889 cases, 3,376 were attended by H.C.C. staff, an increase of 298 on last year's cases. The number of cases attended by the 6 midwives and pupil midwives employed by the Hospital Management Committee in the Watford/Oxhey area was 513. Of the total 11,159 babies born of 11,015 confinements of mothers normally resident in this County the domiciliary confinement rate is 35.6 per cent. Based on equivalent whole-time staff the average number of cases attended by a County Council midwife is 69. This is a good average, but staff shortage is still a problem and, although pupil midwives are placed in many of the heavier midwifery areas, the need of midwives and the provision of adequate relief staff is still present.

The number of midwives approved for district teaching at the end of December was 28 (including Watford). 123 pupils completed the three months' district training during the year.

#### *Relaxation in Child Birth.*

The practice of sending midwives to obtain instruction in relaxation for child-birth at the York Road Lying-in Hospital has been continued. This has resulted in the midwives incorporating relaxation in their ante-natal care



teaching. Tuition continued in the South-West Division and further classes were started in the South and East Divisions. Preparations are going forward for the extension of these instructional classes.

#### *Co-operation with Hospitals.*

Liaison with hospitals is becoming closer and many now notify the names of patients who are booked for hospital confinement. This information is passed to the District Midwives and the Health Visitors, so that they are aware of patients in their areas and it enables the Health Visitor to visit and advise on the preparation in the home for the arrival of the baby. The expectant mother is not able to choose whether she can be admitted to hospital for the delivery as the hospitals select their patients; they are assisted in this by the District Midwives who make a report on the home circumstances, which is forwarded to the appropriate hospital. The hospitals have on request been provided with 1,309 home condition reports—1,218 supplied by midwives and 91 by health visitors.

Cases discharged from hospital before the fourteenth day into the care of domiciliary midwives during 1955 numbered 1,162 to whom 4,658 visits were paid by midwives. Comparative figures for 1953 and 1954 are respectively 903 and 1,125 cases and 3,295 and 4,189 visits.

#### *Ante-Natal Care.*

It will be seen by reference to the "notes of statistical returns to the Ministry of Health"—page 17, that the number of ante-natal clinic sessions per month has decreased from 78 in 1953, 73 in 1954, to 63 in 1955. The attendances, however, have increased from 8,692 in 1953, 9,980 in 1954, to 10,398 in 1955. The decrease in sessions has arisen because since the introduction of the National Health Service Act, 1948, general practitioners have increased their own ante-natal work and many midwives now attend the doctors' surgeries in order that they may examine the patients together. The increase in attendances at the Council's clinics again reflects the greater number of domiciliary confinements.

#### *Dangerous Drugs Regulations, 1954.*

The following Table shows the percentage of patients who were given Pethidine during labour :—

	1952.	1953.	1954.	1955.
H.C.C. domiciliary midwives .	44·2	38·5	39·0	49·7
H.M.C. domiciliary midwives .	20·3	19·8	35·4	29·2
Private domiciliary midwives .	39·5	30·6	33·3	29·8

#### *Analgesia.*

All midwives are supplied with Gas and Air Analgesia machines. As mentioned in the 1954 Report, after several years of waiting the Central Midwives Board approved a safe machine for the administration of Trichlorethylene for midwives. 6 machines were purchased and were issued to midwives in April and May. Careful records are being kept and analysis of the findings will become available during 1956.

#### USE OF INHALATION ANALGESICS IN DOMICILIARY PRACTICE.

Number of domiciliary midwives, (a) practising in the area at end of year, (b) qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (a) (b)		Number of domiciliary confinements attended by midwives :—		Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in domiciliary practice during the year :—			
						When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child	
		When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child	Gas and air	"Tri-lene"	Gas and air	"Tri-lene"	Gas and air	"Tri-lene"
123	117	1,213	2,713	95	6	1,057	105	2,303	144
		3,926				3,609			

Post Graduate Courses for Midwives.

A Statutory Regulation issued in 1955 implemented the Central Midwives Board Recommendations. The main effect of this is to make attendance at recognized post graduate courses compulsory for every practising midwife and Supervisor of Midwives at intervals of not more than 5 years. During the year one Assistant Supervisor and 4 midwives attended a course arranged by the Royal College of Midwives. Provision has been made to secure an adequate number of places in 1956 to meet the requirements of the revised regulations.

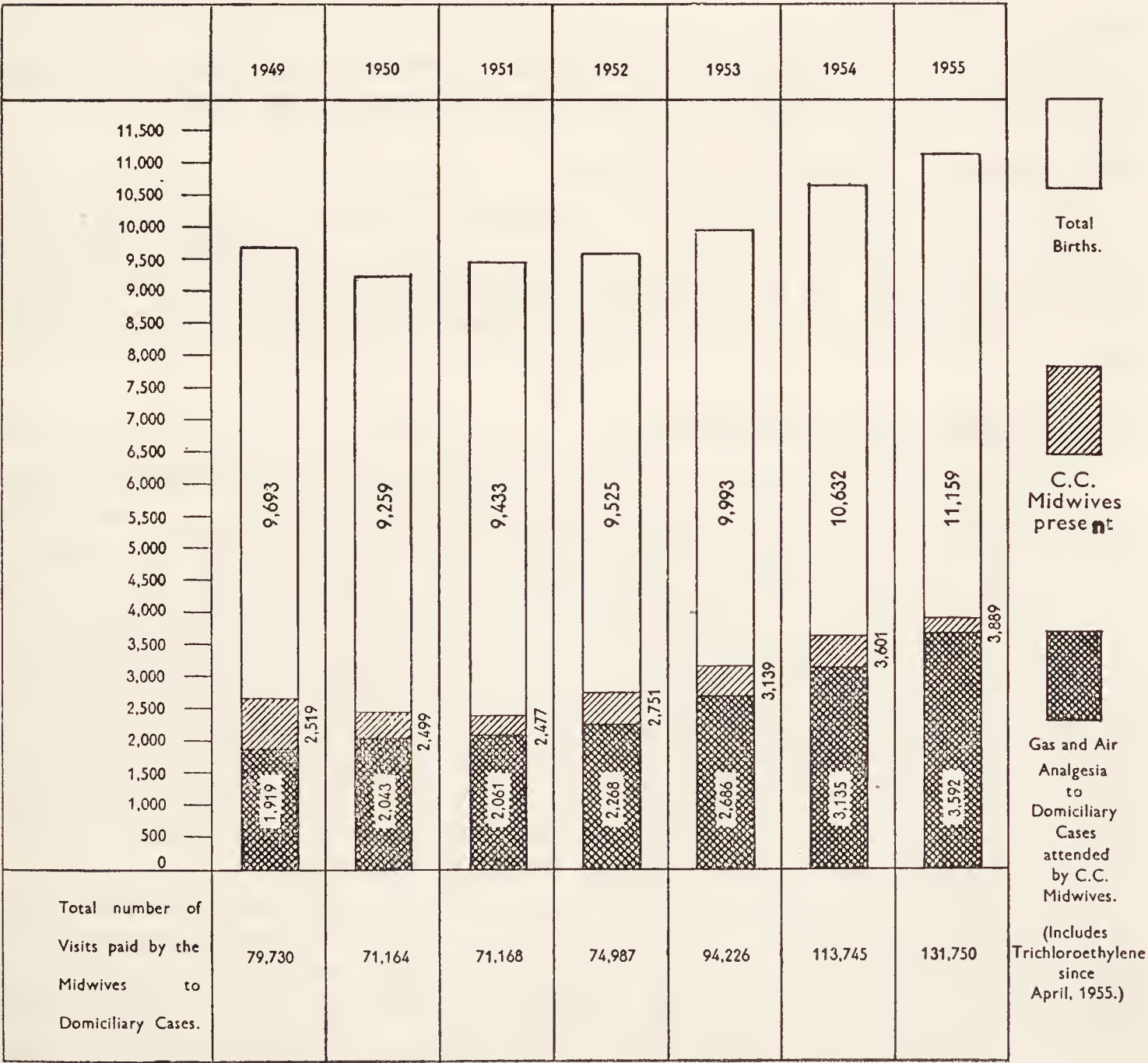
Ophthalmia Neonatorum.

Thirty-four cases were notified of which only one was a home confinement. 25 cases removed from the district. The other 9 were followed up and in no instances was vision impaired or the child still under treatment at the end of the year.

Ambulance Service—Emergency Child Birth.

The number of babies born in ambulances was 7 as compared with 13 in 1954. There were 10 women whose babies were born before the arrival of the ambulance and before the assistance of a doctor or midwife could be obtained. These patients were all booked for hospital confinements. The County Nursing Officer continues to give talks to the ambulance staff when the film on the birth of a baby is shown. Tribute should be made to the men of the Ambulance Brigade for their prompt and sensible action in these emergency births.

WORK OF THE COUNTY COUNCIL MIDWIVES.  
(With total births attributable to Hertfordshire.)





## SECTION 24.—HEALTH VISITING.

*Report of the County Nursing Officer.*

The number of staff employed on health visiting work on the 31st December, 1955, was 124, being equivalent to approximately 63 whole-time visitors.

The scholarship scheme for the training of health visitors has continued. Six students completed their training during the year (two as part of the combined Queen's Nurse/Health Visitors course) and ten commenced training.

*Visits and Case-Loads.*

The Ministry of Health asked that the number of ineffective visits—those where the mother and child were not seen—be noted in the Annual Report for 1955. These have been recorded for several years, though not included in quoted figures.

Ineffective visits since 1953 number :—

1953 . . .	19,988
1954 . . .	19,019
1955 . . .	22,762

*Care of the Aged.*

The Health Visitor—as mentioned in connection with the home nursing and the care of the chronic sick—has fulfilled a most useful role as adviser and liaison officer. She continued to make acquaintance with old people, from information obtained through the Home Help service registers, contact with the local Old Persons' Welfare Committee, Citizens' Advice Bureau, and similar organizations, and where necessary appealed, not unsuccessfully, to the voluntary organizations for practical help.

*Refresher Course.*

Five Health Visitors attended refresher courses and one Divisional Nursing Officer attended a special course for superintendent health visitors.

*Medical Research Council B.C.G. Trials.*

The follow-up of volunteers in the Medical Research Council Tuberculosis Vaccine trials, started in 1951, in the St. Albans, South-West, and South Divisions, continues. In these divisions, the Health Visitors assist the Research Council's team when their Unit visits to conduct the annual X-ray and Mantoux tests.

*Health Visiting—New Developments.*

(a) *Work with Diabetics.*—A new development in the Health Visitors' work took place during the year in the South-West Division. Due to the inability of the West Herts Hospital Management Committee to obtain a Dietitian at the Peace Memorial Hospital, an approach was made to the Local Health Authority to see whether the Health Visitors could give assistance to a Diabetic Clinic. It was agreed that two of the Health Visiting staff should attend in turn on Saturday mornings at the hospital to advise on diet and to carry out any follow-up visits necessary to homes. It was reported that there were between 350–400 diabetics in the Watford area served by the hospital and many of these were receiving visits from the District Nurse for Insulin injections. The two Health Visitors selected were sent to St. Thomas' Hospital for two days and received instruction from the Dietitian.

The patients have appreciated the assistance given them with their diets and the discussions helped them to add variety to their limited meals. The Health Visitors have seen on an average of 4–6 patients during a Clinic session and advised a total of 31 from the inception of the Scheme in October, 1955, until the end of the year. Many of the new patients are over the age of 60 years.



(b) *Mental Health*.—The work of the Health Visitors is changing. Concentration over the past 30 years has been mainly on physical conditions, but with the high incidence of mental illness in the country as a whole preventive measures on the mental health side are coming more to the fore. Health Visitors' training has changed and is changing in order to meet present-day tendencies.

An enterprising Health Visitor in the South-West Division last year started a Play Centre. This is held twice monthly in conjunction with a Mothers Club. The Health Visitors at this Play Centre concentrate on children who are known to have behaviour difficulties which are not sufficiently bad to be referred to a Child Guidance Clinic.

The Health Visitor is in a position to see the first signs of early mental disturbance. In this particular area the Centre has encouraged mothers to bring such children to be taught free play and guidance in self-expression. The parents are helped to appreciate the reasons for their children's actions. With the shedding of the children's inhibitions as a result of their activities at the Centre, and the talking out of problems with the parents, it is hoped that in time the difficulties are smoothed out. It is reported that the Health Visitor has obtained a certain amount of success with those she has seen.

Plans for further experiments in this branch of preventive health are going forward.

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### *Problem Families.*

In my last Report mention was made of the excellent work done by Miss MacIntosh, a senior Health Visitor on my staff who had been seconded for concentrated work amongst the Families in the Welfare Committee's Hostels at Northchurch and Royston.

Miss MacIntosh from the outset made a practice of presenting a weekly report in the form of a day-to-day diary of her experience with these families, her reactions to the problems she encountered, and the responses shown by the women she was attempting to instruct. This diary was kept up for a period of nine months and in the end one had a very interesting and valuable collection of data on the whole question of the rehabilitation of the evicted and problem family.

Miss MacIntosh's reports were discussed with an experienced Social Worker in one of the Government Departments. She suggested that the following morals might be drawn from Miss MacIntosh's experience.

(1) Communal accommodation was a mistake if there was to be any constructive attempt to rehabilitate the individual families. Private rooms even of a poor standard were infinitely preferable.

(2) It was important that the women should have some form of steady occupation. This was particularly necessary for a mother with only one child who did not know how to occupy profitably her leisure time.

(3) The women in question were terribly dependent and very much in need of support from someone whom they could respect and trust but they were not willing to take advice from this source until by devious artifices they had tried out the sincerity of the Social Worker. In this trying out process many of them behaved in a really child-like way which was apt to be depressing to anyone working with these people until they realized what lay behind it.

(4) Consequently it was important that the advice and help offered to these women should be channelled through a person who had already established herself with them as being trustworthy and it was in turn important that the Worker in question should be trusted by Headquarters and given a wide freedom of action so that the mothers would feel that they were in direct touch with the person who could do things for them. At times, of course,



the Health Visitor or Social Worker would have to call in outside help, e.g. the Superintendents of the Institutions had shown how valuable their help could be in handling cases where it appeared that the husband was the person at fault.

(5) The General Practitioner dealing with a community of these families has some quite unusual problems and responsibilities but his understanding co-operation play a very real part in restoring the women to a normal frame of mind.

(6) The Social Worker must have infinite patience, imagination, and courage in the face of disappointment. In her approach to the mothers she must be prepared to accept something less than the ideal to make it apparent that she will be satisfied with small beginnings, but at the same time she must never lose sight of the fact that she must work towards a standard which will bring these women back within the range of normal living. She must be very sensitive to the moods of her "patients" so that she can seize the right moment for the little touch of encouragement or of instruction, or the moment to accept a little criticism herself in the hope that it will encourage the mother to greater effort in deed and thought.

(7) Housing and teaching in themselves will achieve nothing. There must first be friendship with regard for the Social Worker. Those who are willing to do work should receive some wage in recognition. Above all there must be held out the hope that in time that if they make good they will qualify for re-housing in the ordinary community.

(8) Finally, it is obvious that in the majority of cases there must be a long period of intensive follow-up after the family is reinstated in the community before they can safely be left to the visiting routine offered to the normal household.

Miss MacIntosh retired on the 20th August, 1955. Soon after, the Families Welfare Officer took up duty in the County. It was agreed that one of her main functions would be to co-ordinate, in the interest of the Problem Families in the County, the services offered by the Health, Welfare, and Children's Departments, and that this being so there were advantages in having the Officer attached to the Clerk's Department rather than to one of the individual Departments with a more direct interest in her work.

Shortly before the Families Welfare Officer took up duty, the Clerk of the Council had again approached the Housing Authorities in the County with a Scheme whereby the County Council offered to take over direct responsibility for the maintenance of houses placed at their disposal by the District Councils for the accommodation of homeless families. It was recognized that District Councils were very loth to accept as tenants people who had found their way to our Hostels, on the other hand it was known that in these Hostels there were people who were there rather by force of circumstances rather than by any default on their part, and that there were also people who with a little encouragement and supervision could be expected to become reasonably good tenants in time. The idea behind the Scheme was that selected families would be placed in these houses; the County Council would be responsible to the District Council for the rent; the families would be kept under supervision with the hope that in time it would be possible to demonstrate to the Local Council that the household could be treated as responsible tenants and that the Council would in turn either accept them as such in the house in which they were staying or would arrange for them to transfer to a Council house. The number of houses offered by District Councils was small in comparison with the size of the problem but as will be seen from the Families Welfare Officer's report which follows, some very useful work has been done and though, of course, she cannot be expected to report successes within



four months of the Scheme starting. It is known that her report for 1956 will contain references to families who have successfully been reintroduced to the normal community.

Early experience in operating this Scheme showed how vitally necessary it was to insist that these houses should be used only for selected families who could be expected to make good. Any attempt to use them to supplement the accommodation offered at the Hostels or to dispose of awkward families not acceptable even in the Hostels is doomed to failure and is likely to discredit the whole Scheme.

Miss Goad, the Families Welfare Officer, very quickly justified the hopes of those who were confident that an appointment of this kind could be successful and agreeably surprised those who doubted whether it would be possible to find anyone with the mixture of rare qualities demanded by the type of job we had in mind.

#### Report of Families Welfare Officer :—

The valuable work at Heath Lodge and Northchurch has been continued and the admission and discharge figures are very encouraging.

At Northchurch a bureau is run with the help of the staff and residential posts have been found for several women ; rooms have been found for two other families. All the negotiations are carried out by the staff, the mothers are escorted to be interviewed, and a system of after-care visiting helps to smooth out any difficulties. Within the hostel a good deal of rehabilitative work is being done by the Warden and Matron, with very good results. If the premises were more suitable, work similar to that done at the Recuperative Centres could well be done here. Classes in cookery are held regularly, and help is given in sewing and budgeting. A savings scheme is operated and credit buying discouraged.

At Heath Lodge larger families are placed, and are responding well to regular visiting and advice. The system of placing families in houses rented to the County Council by District Councils or otherwise acquired by the Welfare Committee has been extended and there are now 12 houses so occupied. The families are visited regularly and rehabilitation is being carried out in preparation for the time when their "home" local authorities can give them a house.

Every application for temporary accommodation is investigated and often several visits are necessary. Usually a different solution to their accommodation problem has been found. On the purely preventive side a contact has been made with every Borough and District Council, and with the Development Corporations, with the object of making the eviction of families less likely. In the course of these interviews many families have been referred by local authority officials either on account of arrears of rent or for unsatisfactory tenancies, such as the state of their houses, etc.

In this preventive and rehabilitation work it is essential that the husbands should be interviewed as well as their wives. Generally speaking this can only be arranged in the evenings and at week-ends.

Consultations with Health Visitors and Children's Welfare Officers have been held about many of these families and much good work already being done by these Officials has come to light. In most cases the families continue to be dealt with by Health Visitors and others, with occasional consultations between Social Workers interested in the family. Several voluntary bodies have been helpful in various ways, sometimes in helping a particular family, or in the provision of clothing and other services.

There is a scheme in hand to take a number of families to a holiday summer school at Ramsgate, with the dual object of improving their health and giving tuition in the simple domestic arts.

## SECTION 25.—HOME NURSING.

*Report of the County Nursing Officer.*

At the 31st December, 148 Nurses were employed on Home Nursing duties representing an equivalent whole-time nursing staff of approximately 91½. The statistics show another drop in cases attended but an increase in the number of visits by 9,230 as compared with 1954. From the figures for 1955 it is interesting to note a drop in the home nursing of surgical cases while the number of visits to medical and tuberculosis cases increased (see Tables 16 and 17). As will be seen, the number of visits to the aged is increasing and this group constitutes a considerable proportion of the visits shown under medical cases.

*Care of the Chronic Sick.*

The provision of suitable care and attention for the aged and chronic sick is still a very real problem. As mentioned in the report for 1954, an attempt to meet the need of the more urgent cases has been made by the Hertford Hospital Management Committee with whom we continue to co-operate by supplying reports on home conditions.

The scheme for the admission to hospital of chronic sick and semi-chronic sick cases for short stays is proving a great boon to relatives who, themselves, need relief from the care of these patients and it is pleasing to report that patients are being admitted to hospitals for short stay periods in other parts of the County, though the scheme for co-operation with Health Visitors does not operate. The closing of isolation blocks has enabled one Hospital Management Committee to make 32 beds available for short stay cases.

Comment has already been made on the work of the home nurse for the aged and chronic sick, but the Health Visitor is now being called upon to help and advise these sometimes lonely people and to provide useful case histories for the assessment of present and future care.

*Queen's Nurses' Training.*

Five students completed the four months' training course at the Watford Home under the County Council's Scholarship Scheme and two nurses were trained for other Authorities. In addition one student did Queen's District Training at a London Home as part of the Combined Queen's Nurse/Health Visitor Course arranged under Scholarship.

*Refresher Courses.*

One Divisional Nursing Officer attended the Course for nursing administrators arranged by the Queen's Institute. Six home nurses were sent on a suitable refresher course.

TABLE 16.

TYPE OF CASES AND VISITS PAID BY HOME NURSES.

	1955							1954
	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal complications	Others	Totals	Totals
Cases .	13,246	2,825	63	514	86	937	17,671	18,041
Visits .	243,440	47,431	405	13,298	435	2,432	307,441	298,211



TABLE 17.  
HOME NURSING.

	1953	1954	1955
Total cases . . . . .	18,601	18,041	17,671
Total visits . . . . .	287,961	298,211	307,441
Analysis of visits (per cent to total)—	%	%	%
Medical . . . . .	76.7	77.0	79.0
Surgical . . . . .	18.9	18.5	15.5
Infectious disease . . . . .	0.2	0.1	0.1
Tuberculosis . . . . .	2.8	3.2	4.3
Maternal complications . . . . .	0.2	0.2	0.1
Others . . . . .	1.2	1.0	1.0
Visits to patients over 65 years of age . . . . .	49.6	51.0	59.0
Visits to patients under 5 years of age . . . . .	3.4	1.8	1.4

### SECTION 26—VACCINATION AND IMMUNIZATION

	At Clinics	By Private Doctors	Total
<i>Vaccinations—</i>			
Primary . . . . .	2,391	3,712	6,103
Re-vacs. . . . .	10	815	825
	2,401	4,527	6,928
<i>Diphtheria Immunizations—</i>			
Primary . . . . .	2,778	1,257	4,035
Boosters . . . . .	4,334	990	5,324
	7,112	2,247	9,359
<i>Whooping Cough Immunizations—</i>			
Primary . . . . .	1,902	739	2,641
Boosters . . . . .	19	22	41
	1,921	761	2,682
<i>Combined Diphtheria/Whooping Cough Immunizations—</i>			
Primary . . . . .	1,179	2,382	3,561
Boosters . . . . .	51	296	347
	1,230	2,678	3,908

The above Table shows the number who received during the year immunization against whooping cough and diphtheria and vaccination against smallpox.



TABLE 18.

## VACCINATIONS.

Year	Primary		Revaccinations	Total during year	No. of live births during year	Percentage vaccinated under one year of age
	Under one year of age	Over one year				
1948	2,400	324	563	3,287	9,756	24·6
1949	2,562	560	966	4,088	9,236	27·7
1950	3,434	1,128	1,737	6,299	9,085	37·8
1951	3,924	1,804	3,004	8,732	9,225	42·5
1952	3,979	1,225	1,772	6,876	9,341	42·6
1953	4,330	945	1,323	6,598	9,811	44·2
1954	4,827	1,165	855	6,847	10,424	46·3
1955	5,163	940	825	6,928	10,874	47·5

## DIPHTHERIA IMMUNIZATION.

Year.	<i>Number of Children who completed a Full Course of Primary Immunization.</i>		<i>Number given a Reinforcing Injection.</i>
	<i>Under 5 years of age.</i>	<i>Over 5 years of age.</i>	
1949 . .	7,047	1,449	5,946
1950 . .	6,319	1,037	6,610
1951 . .	7,527	1,015	8,102
1952 . .	6,796	856	8,402
1953 . .	6,560	945	8,117
1954 . .	8,835	901	8,093
1955 . .	6,781	815	5,671

## DIPHTHERIA IMMUNIZATION.

It is disquieting to see that there is a drop in the number of primary and reinforcing injections. Both are the lowest for seven years. This decrease is partly due to the curtailment of the immunization programme during the poliomyelitis outbreak in the summer and late autumn of 1955, but it is important to keep the percentage of children immunized at a high level if the unfortunate occurrence at Boreham Wood is not to be repeated.

In my 1954 Report, reference was made to the death of a child from diphtheria at Boreham Wood. At that time, two other children in the household were found to have positive throat swabs. In May of this year, another child developed diphtheria. The family were again swabbed, and the 12-year old boy and the mother were found to be positive. Fortunately, the boy had been protected by immunization and, though admitted to hospital, remained perfectly well.

The third case, notified in 1955, was at Welwyn Garden City but there was some doubt as to the correctness of the diagnosis.

## SECTION 27—AMBULANCE SERVICE.

Demands on the Ambulance Service continue to increase and the attached graph shows the upward trend that has proceeded since July, 1948, when the free service under the National Health Service Act began. Every effort is made to reduce the demands on the service, but the progressive rise in the County's populations is such that despite all measures taken an increase in the number of patients requiring ambulance transport is unavoidable.

Whilst the increase in the number of patients carried is mainly due to the conveyance of hospital removals, it is noticeable that there has been an increase in the number of accident, sudden illness, and maternity cases also (See Table 19).

TABLE 19.

	1948 (6 months)	1949	1950	1951	1952	1953	1954	1955
Accidents .	1,273	3,177	3,560	3,960	4,236	4,574	4,855	5,448
Sudden illness .	1,398	3,298	2,971	2,584	2,387	1,930	1,659	1,766
Maternity .	1,639	3,650	3,547	3,691	3,784	3,654	3,788	3,915
	4,310	10,125	10,078	10,235	10,407	10,158	10,302	11,129

During 1954 the number of patients carried by the directly provided service showed an increase of 25 per cent over the previous year with a corresponding increase in mileage of 8 per cent. In 1955 the number of patients carried shows an increase of 10 per cent with only a negligible increase in mileage (424 miles).

The following table shows the number of patients carried and the mileage involved in respect of the directly provided service and the Hospital Car Service for the years 1954 and 1955.

TABLE 20.

	1954	1955	Increase
<i>Patients.</i>			
Directly provided Service .	183,191	202,215	19,024
Hospital Car Service .	27,509	29,323	1,814
<i>Mileage.</i>			
Directly provided Service .	1,367,828	1,368,252	424
Hospital Car Service .	369,457	453,094	83,637

The directly provided service shows a reduction in the average number of miles per patient from 7.47 to 6.77 and an increase in the average number of patients per journey from 3.05 to 3.24.

The substantial increase in the mileage undertaken by the Hospital Car Service in relation to the increase in the number of patients carried during the year 1955, is due to the policy of allocating as much of the long distance sitting car work as possible to the voluntary drivers, thus obviating the absence of ambulance sitting case vehicles from their districts for long periods during the day.

Due to the fact that the Ambulance utilicon type vehicles are able to carry more patients than the private cars used by the Hospital Car Service, this policy has proved both advantageous and economical when dealing with the large numbers of patients required to attend local hospitals and clinics.



Following one of our frequent appeals to the general practitioners and hospitals to use the Ambulance Service only when absolutely essential I had a letter from a general practitioner, Dr. J. Pring, of Hatfield, which I feel is worth including in this report.

“ The following uses of the car service are examined :—

#### 1. *Medical diagnosis and treatment.*

The scope and facilities available under the National Health Service, for diagnosis and treatment, are now so varied that increased use of the car service has to be made to get patients to the treatment centre. With increased facilities a doctor may be encouraged to send a patient by car to allow of an earlier diagnosis than to wait for the patient to recover sufficiently to find his way to hospital.

For example a man treated at home with pneumonia is confined to bed for two weeks and treated with penicillin ; he may be allowed up at the third week ; now at the end of the fourth week he may be able to be sent to the chest clinic in a car to allow an X-ray to be taken, which is important at this stage.

The alternative is to wait until after six weeks, when he can go by car or by bus. In some cases an underlying tuberculosis or bronchiectasis may be found which could have been discovered earlier.

#### 2. *Improved Surgical Treatment.*

Earlier definitive surgical treatment is now the method of choice in many cases.

A child with a shallow abrasion, graze, or a laceration with a fair degree of skin loss used to be treated at home by antiseptic dressings and after inevitably becoming septic, would eventually scab and heal.

Now by immediate hospital admission and skin graft, the wound should be healed in a week. A similar injury may occur in a working man. A car is needed to get him to hospital.

#### 3. *Maternity, ante-natal, and post-natal complications.*

These can frequently now be spotted at an early stage and are readily sent to hospital for an opinion and possible admission.

I believe that co-operation between general practitioners and senior hospital staff is better now than it was in 1949–50, and this encourages more frequent hospital consultation of this nature.

#### 4. *Improved scope and demand for physiotherapy.*

There can be no doubt that prolapsed intrathecal disc lesions are more frequently diagnosed than previously, initial treatment demands repeated attendance at the physiotherapy clinic by the car service.

#### *Commentary.*

I believe there is very little abuse of the car service by general practitioners; they are alive to the needs of economy in this as well as other branches of the National Health Service.

They are more likely to resist pressure put on them by patients in a borderline case than to accede to a doubtful request.

Naturally a patient who insists that he is not fit to travel by bus and has disability commensurate with his history, would be given every consideration, bearing in mind he has to wait at a bus stop, and perhaps to change



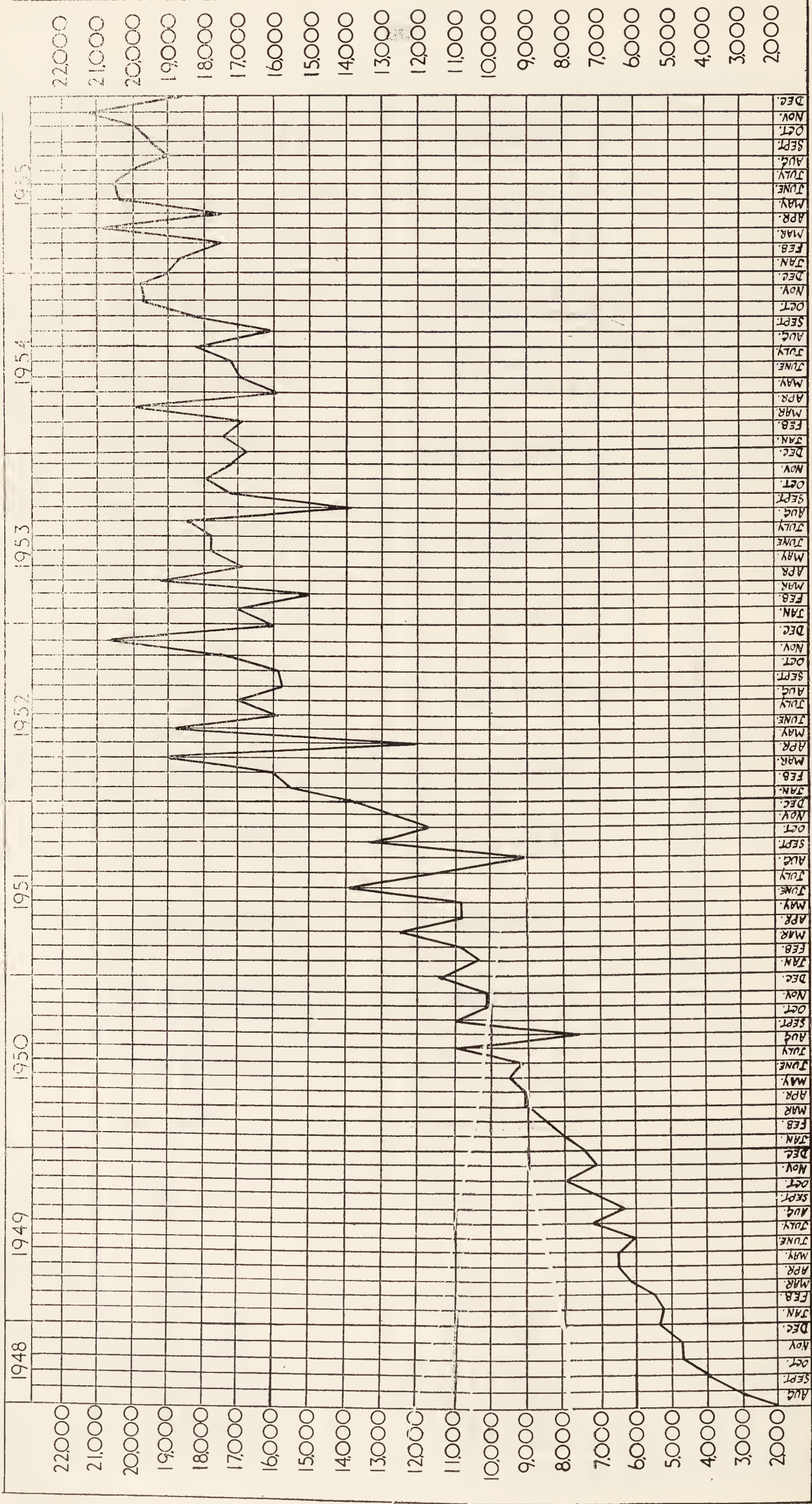
DETAILS OF PATIENTS CONVEYED EACH MONTH.

1954.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents . . . . .	326	304	326	358	392	451	448	437	453	475	444	441	4,855
Sudden Illness . . . . .	154	151	145	139	118	121	136	130	122	132	158	153	1,659
Maternity Removals . . . . .	303	308	335	354	332	280	341	323	324	304	282	302	3,788
Removals . . . . .	12,183	12,286	14,052	13,063	15,042	14,516	15,195	13,247	15,525	16,458	16,539	14,783	172,889
Hospital Car Service . . . . .	4,276	3,681	4,047	1,703	956	1,662	1,984	1,643	1,540	1,896	2,099	2,022	27,509
Isolation Hospital (Removals) . . . . .	207	138	233	197	209	252	245	141	254	208	207	221	2,512
Totals . . . . .	17,449	16,868	19,138	15,814	17,049	17,282	18,349	15,921	18,218	19,473	19,729	17,922	213,212

1955.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents . . . . .	392	301	354	459	503	461	492	530	477	510	442	527	5,448
Sudden Illness . . . . .	178	137	158	145	138	137	152	134	148	129	141	169	1,766
Maternity Removals . . . . .	337	288	371	349	342	300	338	323	329	315	294	329	3,915
Removals . . . . .	15,237	14,509	16,974	13,947	16,326	16,570	16,068	15,563	16,147	16,508	17,793	15,444	191,086
Hospital Car Service . . . . .	2,295	2,169	2,693	2,361	2,879	2,842	2,926	2,371	2,256	2,200	2,321	2,010	29,323
Isolation Hospital (Removals) . . . . .	211	152	265	195	167	179	146	98	197	260	271	274	2,415
Totals . . . . .	18,650	17,556	20,815	17,456	20,355	20,489	20,122	19,019	19,554	19,922	21,262	18,753	233,953





to a second bus and a walk at either end. Osterhills Hospital is particularly badly situated from this point of view, and unless the patient is fairly robust, it is unkind to subject him to this tedious bus journey.

A proportion of patients will be able to go by their own cars or by friends' cars. In fact patients do tend to prefer their own transport to a "laid on" ambulance. Many patients have a horror of having an ambulance at the door of the house when the neighbours are inquisitive but have no such horror of a hospital car.

The fact that Hatfield has no hospital is a factor in the expense of the car service; although this does not affect the number of calls, clearly the added distance must materially add to the cost of the car service.

Our patients have to go to St. Albans, Hertford, or Barnet, all at least five miles from Hatfield (for the single journey). An economy here can be effected by bringing another patient back on the return journey; this is being done especially in the fracture and orthopædic clinics, also the ambulance wireless helps to cut down unnecessary journeys.

Already orthopædic clinics are being held at Hatfield and Welwyn Garden City in an attempt to help patients locally; treatment is also available at these centres.

### *Conclusion.*

It would appear that increase in demand of hospital cars is part of the progress of the National Health Service and is the price we have to pay for the advance of the Welfare State.

I cannot see that general practitioners can effect any substantial reduction in calls as they are alive to the need for economy, and I am satisfied that the internal control of the organization is as efficient and economical as it is possible to be."

## *SECTION 28.—PREVENTION OF ILLNESS, CARE AND AFTER CARE.*

The pattern of the work done was very similar to that of previous years.

The care and after care of those suffering from tuberculosis continued to be the major demand upon the Service under this Section and the extracts, in the following pages, from the reports of the Chest Physicians and Almoners give an indication of the extent of the need and the help given.

The notification rate of the pulmonary type of this disease shows in Table 24 a considerable fall from that in 1954. Indeed .62 is the lowest rate since 1939 (.59). However, in view of the widespread campaign during recent years to find cases of tuberculosis as early as possible and the intensive follow-up of all contacts, the present rate is probably a much more accurate assessment of the tuberculous position in the County than that for 1939.

It will be seen from Table 21 that the flow of "transfer" cases into the County continued unabated; indeed the number in 1955 was the highest on record.

Letchworth through its Training Centre received the most, but quite large numbers came into the L.C.C. housing estates in the Watford and Elstree Rural Districts.

It would appear, however, from the lower notification rate and the steadily falling death rate (Table 22) that, in spite of the high number of cases within Hertfordshire, tuberculosis is becoming more controllable.

TABLE 21.—TUBERCULOSIS—1955

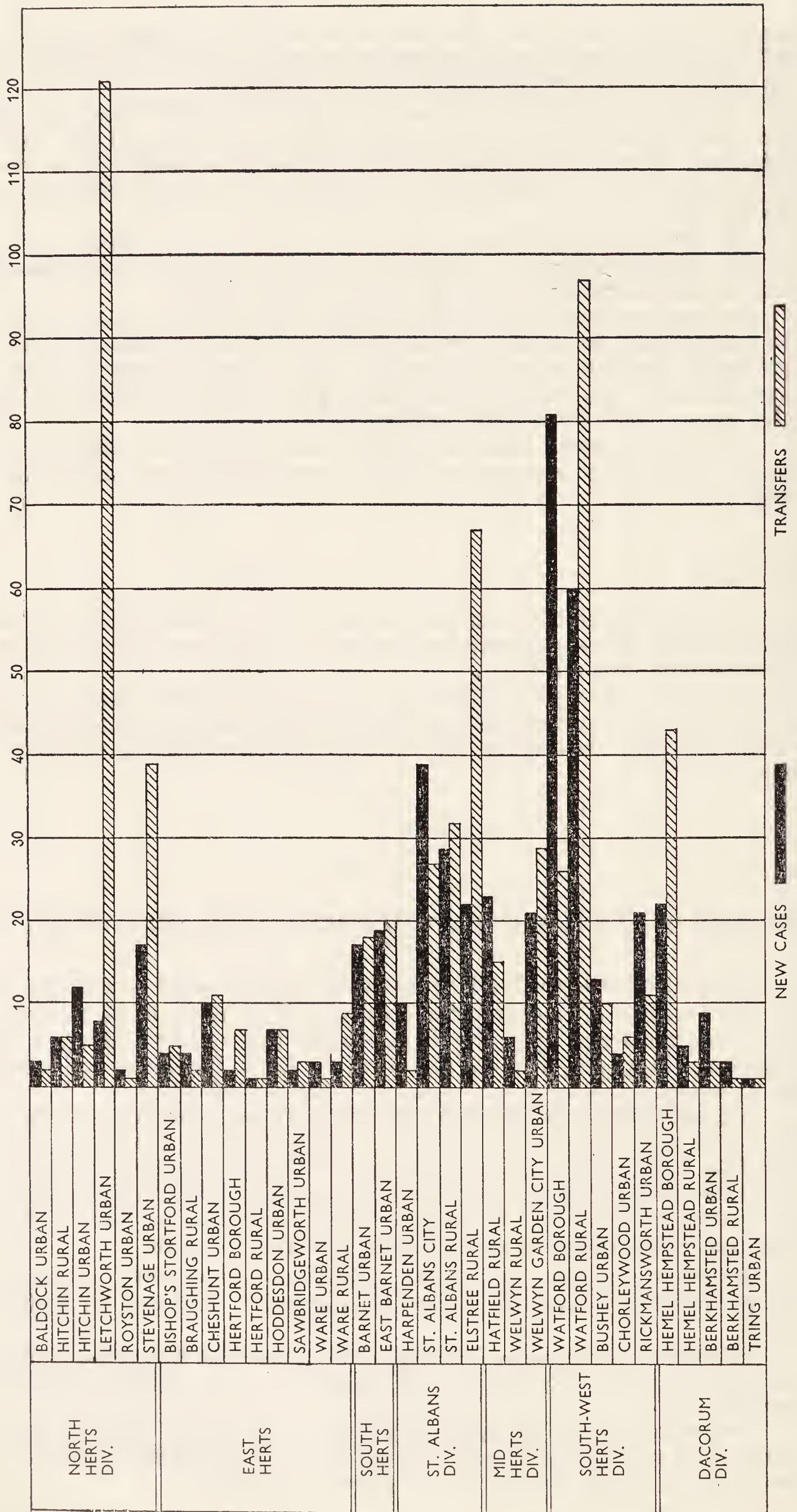




TABLE 22.—TUBERCULOSIS (RESPIRATORY)—DEATH RATE, 1926-1955.  
Per 1,000 Population.

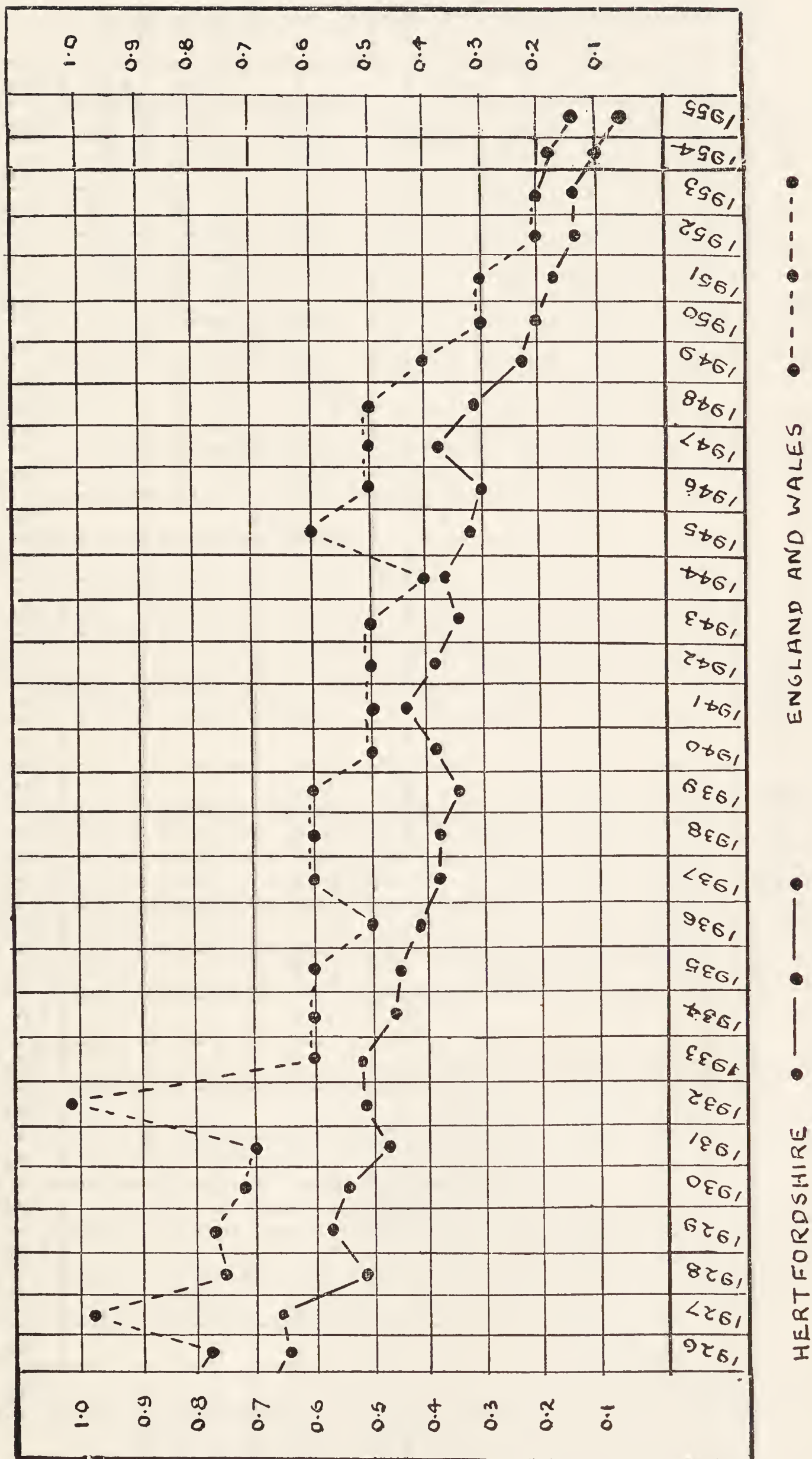
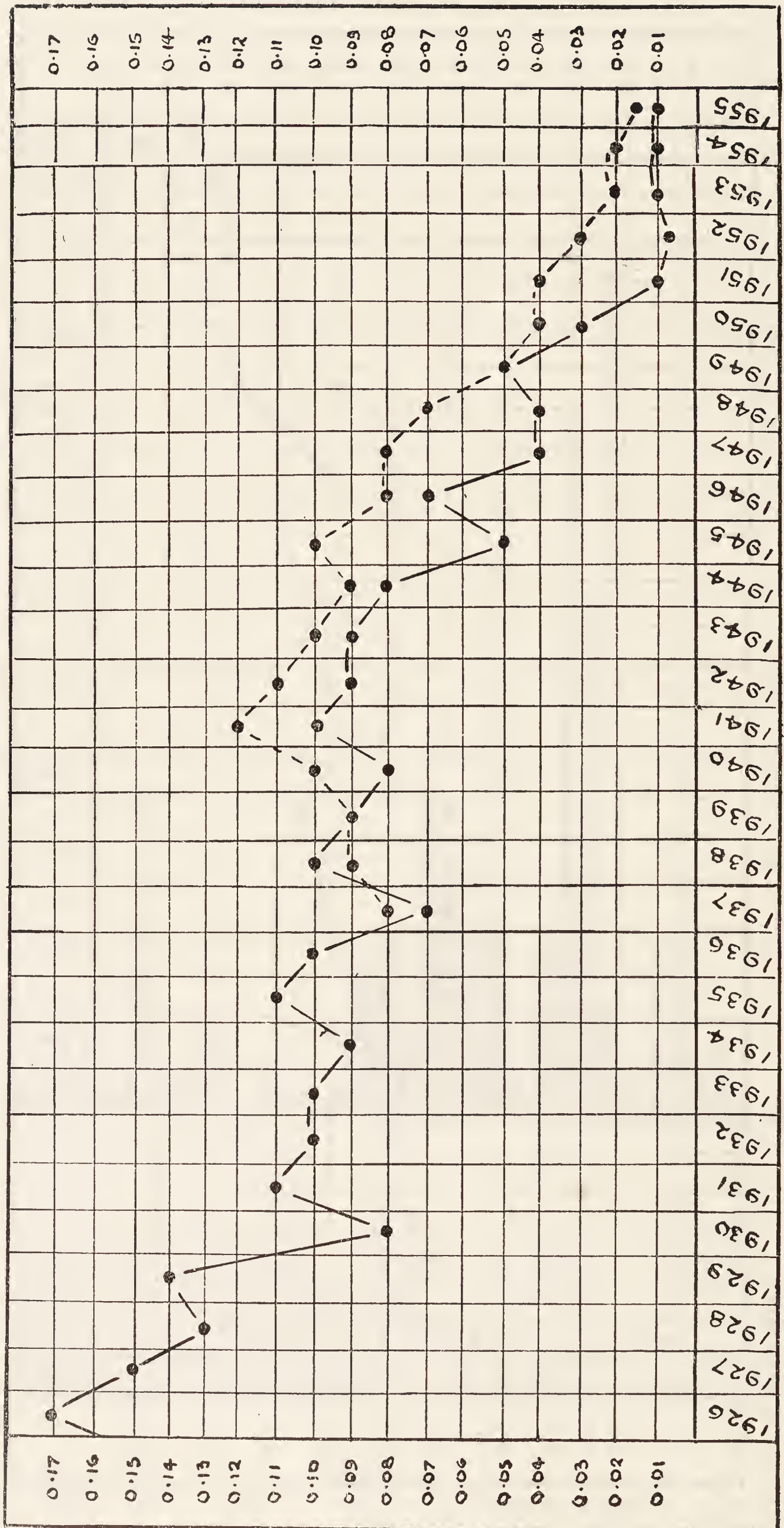


TABLE 23.—TUBERCULOSIS (OTHER THAN RESPIRATORY)—DEATH RATE, 1926-1955.  
Per 1,000 Population.



HERTFORDSHIRE

ENGLAND AND WALES



TABLE 24.

## NOTIFICATIONS OF PULMONARY AND NON-PULMONARY TUBERCULOSIS.

	1953				1954				1955			
	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000
	M	F	Total		M	F	Total		M	F	Total	
<i>Pulmonary.</i>												
Urban . . .	212	172	384	0·84	214	152	366	0·78	177	109	286	0·59
Rural . . .	70	60	130	0·67	88	59	147	0·72	84	60	144	0·68
County . . .	282	232	514	0·79	302	211	513	0·76	261	169	430	0·62
<i>Non-Pulmonary.</i>												
Urban . . .	12	28	40	0·08	15	23	38	0·08	22	19	41	0·08
Rural . . .	10	17	27	0·14	7	19	26	0·12	6	12	18	0·08
County . . .	22	45	67	0·11	22	42	64	0·09	28	31	59	0·08
<i>Pulmonary and Non-Pulmonary.</i>												
Urban . . .	224	200	424	0·93	229	175	404	0·86	199	128	327	0·68
Rural . . .	80	77	157	0·81	95	78	173	0·85	90	72	162	0·76
County . . .	304	277	581	0·89	324	253	577	0·85	289	200	489	0·71

## Reports of the Chest Physicians :—

DR. T. A. W. EDWARDS, ST. ALBANS DIVISION.

In February, 1955, the Clinic moved to new premises. For the first time, the Chest Clinic had its own X-ray facilities. It was possible to offer an improved service to General Practitioners and to undertake routine ante-natal X-ray examinations, which hitherto had been done by the Mass Radiography Unit.

*New Cases.*

One hundred and three respiratory cases were diagnosed. This represents a slight increase on 1954, but the population served has increased since then. No fewer than 28 of the new notified cases were patients already under observation following Mass X-ray examination or some other routine examination in previous years. This is a valuable yield, which does not appear in Mass Radiography figures, because activity did not develop until some time after the first examination. In general, these cases were less advanced and less infectious than those diagnosed by reference from their General Practitioner.

*Contact Examination.*

Four hundred and forty-one new contacts were examined and five cases of Pulmonary Tuberculosis were found. In addition, 840 examinations of old contacts were made and six cases of Pulmonary Tuberculosis were diagnosed.

The value of initial contact examination is undisputed, but the value of routine re-examination of all old contacts is less certain.

It is not profitable to X-ray repeatedly those adult contacts of quiescent patients who have clear X-rays. On the other hand, adolescents in contact with sputum-positive or potentially sputum-positive cases should be X-rayed at three- to six-monthly intervals even if their initial X-ray is clear, and of course their tuberculin state should be known.

*B.C.G.*

The policy has been to offer B.C.G. to tuberculin-negative children and young people in contact with any notified case of Pulmonary Tuberculosis, and even to contacts of patients only under observation.

Two hundred and thirty-five persons were successfully vaccinated with B.C.G.

*After Care.*

The increasing use of long-term chemotherapy has created a small group of individuals who have certainly been saved from death or chronic invalidism, but who are unfit for ordinary work and remain sputum positive or potentially so. An attempt has been made to get selected firms interested in providing paid work at home for some of these people, but with limited success.

DR. A. G. HOUNSLOW, SOUTH HERTS DIVISION.

From the following Table of general comparative statistics, it will be seen that the trend observable in 1954 continued throughout 1955 : new patients (consultations) and refills declined steadily, but this was more than offset by increased attendances of old patients, contacts, and " X-rays only ". The decline in new consultations is undoubtedly due to the " X-ray only " facilities which have been welcomed and freely used by the General Practitioners.

TABLE A.  
GENERAL COMPARATIVE STATISTICS, 1949-1955.

	1949	1950	1951	1952	1953	1954	1955
New patients (consultations)	442	672	715	792	844	726	662
Old patient attendances .	1,737	1,736	1,952	2,464	3,170	3,218	4,092
New “ contacts ” . .	222	276	206	325	348	353	376
Old “ contact ” attendances	155	397	392	584	898	947	1,261
Refills . . . .	1,646	2,442	4,785	7,830	8,813	7,823	6,270
X-rays only . . . .	—	—	—	—	—	3,660	4,520
Total attendances . .	4,202	5,523	8,050	11,995	14,073	16,727	17,181
New tuberculosis Notifications {	TB — . .	61	53	59	66	46	42
	TB + . .	35	40	35	22	38	15
	Totals . .	96	93	94	88	84	57
Tuberculosis transfers from other districts . . .	32	34	73	145	126	156	193
Patients removed from Regi- ster as recovered . .	7	15	71	41	11	18	112
Deaths (all causes) . .	9	22	16	12	16	23	15
Tuberculosis Register at 31st December . . . .	563	734	699	846	962	1,089	1,144
Patients with positive sputum during last six months .	29	46	62	70	51	48	29



*New Tuberculosis Notifications.*

During the year, 57 newly diagnosed cases were added to the Register. This is the smallest annual number to date and is very gratifying, particularly as the decline is most marked in the TB + group and only 15 "open" cases were notified during the year.

TABLE B.

## NEW NOTIFICATIONS, 1955, AGE AND SEX DISTRIBUTION.

Age Group (Years)	Respiratory		Non-Respiratory		All Forms		Total
	M	F	M	F	M	F	
0-14 . . .	2	1	1	—	3	1	4
15-24 . . .	7	11	1	1	8	12	20
25-44 . . .	8	8	2	2	10	10	20
45-64 . . .	2	3	—	—	2	3	5
65 + . . .	6	1	1	—	7	1	8
Totals . . .	25	24	5	3	30	27	57

*Note.*—The decline in respiratory notifications is greatest in males ; new females declined only slightly and for the first time there is practically no difference in the sexes.

TABLE C.

## NEW NOTIFICATIONS, 1955, CLASSIFIED ACCORDING TO DISTRICTS

District	Respiratory				Non-Respiratory				All Forms				Totals
	M	F	C	Totals	M	F	C	Totals	M	F	C	Totals	1954
Barnet Urban	6	8	—	14	—	1	—	1	6	9	—	15	24
East Barnet Urban .	9	6	—	15	3	1	—	4	12	7	—	19	28
Elstree Rural	5	7	3	15	1	1	1	3	6	8	4	18	21
Parts of Watford Rural .	—	—	—	—	—	—	—	—	—	—	—	—	2
Parts of Hatfield Rural	3	2	—	5	—	—	—	—	3	2	—	5	3
All areas .	23	23	3	49	4	3	1	8	27	26	4	57	78

### School Surveys.

Five schools were surveyed during the year following the discovery of three school children with active pulmonary tuberculosis.

	<i>School I.</i> (County Primary School.)		<i>School II.</i> (County Secondary Modern School.)	
<i>Tuberculin-Testing.</i>				
Positive . . .	93	= 23 per cent { 30 per cent of 401 tested	62	} 19 per cent of 342 tested
Doubtful . . .	26		2	
Negative . . .	282		278	
Absent . . .	19		44	
Refused . . .	52		23	
	<hr/> 472		<hr/> 409	
<i>X-Rays (M.M.R.)</i>				
<i>Pupils—</i>				
X-rayed . . .	450		369	
		Pneumonitis—3		Healed lesion—1
		Healing primary infection—1		Probable healing primary—1
<i>Staff—</i>				
X-rayed . . .	26		14	

### Comment.

The incidence of positive reactors in the Primary School is somewhat higher than would normally be expected. The two healing primary infections may very well have been infected by this patient.

	<i>School III.</i> (County Primary School.)		<i>School IV.</i> (County Grammar School.)	
<i>Tuberculin-Testing.</i>				
Positive . . .	93	} 21.5 per cent of 445 tested	19	= 17 per cent of 112 tested
Doubtful . . .	2			
Negative . . .	350		93	
Absent . . .	32		2	
Refused . . .	57		7	
	<hr/> 534		<hr/> 121	
<i>X-rays (M.M.R.)</i>				
<i>Pupils—</i>				
X-rayed . . .	452		115	Healed lesion—1
<i>Staff—</i>				
X-rayed . . .	15			

### School V.

After discussion with the Headmaster, it was agreed that in view of very limited mixing, it would be sufficient to examine only those boys with whom the patient had been in close contact in Form and Dining Hall.

Twenty-three boys were involved, and all were invited to attend the Clinic ; 18 attended, with results as follows :—

<i>Tuberculin-Testing (Mantoux 1 in 100 O.T.)</i>			
Positive . . .	4		
Doubtful . . .	1		
Negative . . .	13		
	<hr/> 18		
<i>X-rays (Large films)</i>			
Normal . . .	18		

The 18 boys were all seen again 3 to 6 months later. Chest X-rays were all normal but one boy had undergone tuberculin conversion.



*B.C.G.*

Ninety-nine persons were vaccinated with B.C.G. as follows :—

Contact Scheme . . . . .	44
Hospital Nurses . . . . .	18
Other Hospital Staff . . . . .	2
Newly-born infants in hospital . . . . .	35
	—
	99
	—

*General Remarks.*

The enlarged and rebuilt Clinic was officially opened on 4th February, 1955, and has since functioned smoothly. Relations with General Practitioners and with patients have been good, and defaulters reduced to a minimum. In this connection, I must mention the loyal and devoted work of the Health Visitors, whose tactful approaches have done so much to smooth out difficulties and remove misunderstandings.

With the opening of the Clinic, the Hospital Management Committee appointed a full-time Clinic Sister and this has left the Health Visitors very much freer to carry out their visiting in the district, although they have continued to attend some of the Clinic sessions in order to keep in touch with their own patients.

As forecast in the report for 1954, it was possible to remove a number of patients from the Register as recovered (112) but it was decided to offer these patients an annual X-ray as a precaution (usually during an evening Session), and almost all have readily accepted this offer.

*DR. N. A. NEVILLE, EAST HERTS DIVISION.*

The only notable event concerning the work performed during this past year has been the opening of the new Chest Clinic in Hertford.

This Clinic occupies the whole of a converted ward at the East Herts Hospital, and being self contained, with its own X-ray department, has already allowed the expansion of our work from two up to three sessions a week, and would allow for considerable further expansion if required.

In practice, although the actual total number of persons seen at the Clinics has increased, the number of new cases of pulmonary tuberculosis detected shows a gratifying decrease as compared with previous years.

*New Cases added to the Register during 1955.*

	<i>Pulmonary Tuberculosis.</i>	<i>Non-Respiratory Tuberculosis.</i>
From General Practitioners . . . . .	11	3
Routine X-ray . . . . .	—	—
Contact examination . . . . .	6	—
Suspects . . . . .	1	2
Transfers in . . . . .	30	4
Hospitals . . . . .	5	3
Mass Radiography . . . . .	4	—
	—	—
	57	12
	—	—
No. of Home contacts involved in above new cases . . . . .	121	
No. of contacts called for examination . . . . .	132	
No. of these seen . . . . .	102	
No. skin tested (Positive) . . . . .	14	
No. skin tested (Negative) . . . . .	25	
No. X-rayed . . . . .	102	
No. of these found to have tuberculosis . . . . .	6	
No. kept under observation . . . . .	77	
No. given B.C.G. . . . .	15	
Total of all B.C.G. vaccinations during the year . . . . .	89	

## DR. P. W. ROE, SOUTH-WEST HERTS AND DACORUM DIVISIONS.

The year opened with the official opening in January of the new Chest Clinic in Watford. The year 1955 is the first full year during which a complete Chest Clinic Service has been available in South-West Herts. As was expected, the use made of this Service has shown a substantial initial increase.

In the Dacorum Division no progress has been made and facilities remain inadequate. The North-West Metropolitan Regional Hospital Board have taken steps to improve facilities for Radiography at the West Herts Hospital, and as a result it is hoped to improve the Chest Clinic Service for child contacts during 1956. It is expected also that clerical staff will be provided to enable an administrative centre for the tuberculosis service to be opened in this district at the West Herts Hospital. The lack of such a centre greatly impedes the work of all staff working in the area, and the fulfilment of this long-standing need will be widely appreciated.

The changing methods in the treatment of tuberculosis greatly increase the load of work on the Chest Clinic, out of all proportion to the diminishing load on the Chest Hospitals. The problem of control of tuberculosis requires adequate X-ray facilities and increasing laboratory facilities for the examination of specimens for the tubercle bacillus, and for the testing of these bacilli for sensitivity to the main anti-tuberculosis chemotherapeutic drugs—Streptomycin, Sodium Para-amino Salicylate, and Isoniazid. This extra load of work falls on medical, nursing, and clerical staff in the Chest Clinics, and there is no doubt that staffing is inadequate in most Clinics to maintain the detailed supervision necessary to carry forward the work of treating and preventing tuberculosis.

A statistical review of the work done since 1950 at the Watford and Hemel Hempstead Clinics is given in the following Table :—

	1950	1951	1952	1953	1954	1955
New patient attendances . . .	595	883	1,230	1,605	815	819
Old patient attendances . . .	2,599	4,140	4,860	5,291	5,641	6,528
New contact attendances . . .	423	824	916	972	1,097	926
Old contact attendances . . .	292	1,030	1,437	2,123	2,649	2,780
Refill attendances . . . . .	3,890	5,695	4,713	3,453	2,964	2,961
X-ray only attendances . . . .	—	—	—	—	712	1,731
Total attendances . . . . .	7,799	12,572	13,156	13,444	13,878	15,745
New notifications . . . . .						
TB + . . . . .	62	76	68	77	66	72
TB — . . . . .	68	94	112	150	82	98
Transfer into area . . . . .	202	206	153	128	112	153
No. of patients on TB Register at 31st December . . . . .	1,412	1,656	1,805	1,904	2,025	2,119
Deaths . . . . .	34	44	37	44	23	26
Recovered . . . . .	9	3	19	54	44	63



During the year 170 newly notified cases were added to the tuberculosis register and distribution by districts is as follows :—

Watford Borough . . . . .	69
Rickmansworth and Chorleywood . . . . .	22
Bushey . . . . .	14
Watford Rural (excluding South Oxhey) . . . . .	19
Watford Rural (South Oxhey) . . . . .	17
Dacorum Division . . . . .	29

The most interesting observation on these statistics is that Watford Borough, with approximately 28 per cent of the population in West Herts was responsible for about 50 per cent of the new cases of tuberculosis in 1955.

The examination of school entrants by tuberculin patch testing is proving a useful method of detecting cases of adult tuberculosis, as well as an added check on the health of the young child in this age group. The extension of this test to all Infant Welfare Centres and its more extensive use at routine school inspections is an urgent necessity, particularly in areas where tuberculosis is known to be rife.

The needs of the Chest Clinic Service so far as the County Council responsibility is concerned, are difficult to define. Prevention is so closely unified with treatment that both go on together. Extension of radiological and pathological facilities, both a Regional Board responsibility, are necessary to achieve adequate control of the tuberculosis population and prevent the spread of this disease. I believe the County Council can assist most at this stage by concentrating on case finding. As already stated the School Medical Service, and the Infant Welfare Clinics, can assist greatly. Additional Tuberculosis Visitors are essential if all patients are to be properly supervised and all contacts are to be adequately visited and persuaded to attend for X-ray.

DR. J. B. SHAW, NORTH HERTS DIVISION.

Chest X-ray examination of staff and pupils of four schools and a Boys' Home was carried out on discovery of three cases of primary tuberculosis and a case of adult tuberculosis. Although the response was good and 456 persons were examined no other case was found.

During the year a second Health Visitor was appointed to the staff of the Hitchin Chest Clinic.

*New Cases of Pulmonary Tuberculosis notified during 1955—42.*

Positive.					Negative.				
Under 25.			Over 25.		Under 25.			Over 25.	
M.	F.	C.	M.	F.	M.	F.	C.	M.	F.
5	1	1	13	8	—	1	9	3	1
No. of patients admitted to hospital . . . . .					. . . . .				
No. of patients discharged from hospital . . . . .					. . . . .				
No. of patients admitted to hospital for surgery or with a view to					. . . . .				
surgery . . . . .					. . . . .				
No. of patients discharged from hospital not on full grade . . . . .					. . . . .				
No. of patients who received chemotherapy at home . . . . .					. . . . .				
No. of patients who attended for collapse therapy . . . . .					. . . . .				

*Total No. of new cases of Tuberculosis added to Register during 1955—45.*

Positive . . . . .	29
Negative . . . . .	16
From General Practitioners . . . . .	21
From Mass Radiography surveys . . . . .	5
By examination of old and new contacts . . . . .	6
Other sources . . . . .	13
No. of new contacts examined . . . . .	468
No. of new contacts X-rayed by M.R.U. . . . .	*322
No. of new contacts skin test positive . . . . .	176
No. found to have clinical tuberculosis . . . . .	6
No. found to be skin test negative . . . . .	127
No. given B.C.G. . . . .	87
No. of New contacts who failed to attend . . . . .	5

\* Schools.

The prevention of tuberculosis must still be an important, if not the most important, part of the work of a Chest Clinic. The extracts from the reports give details of the follow-up of contacts and the investigation of schools where cases have occurred.

Among the statistics can be seen the relatively high number of cases in the 5-25 age group and during the later years of life. The use of the B.C.G. vaccine for those in school aged 13 years should prove of value in reducing the incidence in the late "teens" and early twenties, but it is difficult to know yet what can be done about the cases among elderly people.

#### ALMONERS' REPORTS.

These reports have been given rather fully as the officers not only mention the changes that are following upon the modern treatment of tuberculosis, but also show in their comments several aspects of social work and some of the facets of family life, any one of which may reveal the need for help when illness occurs in a household.

It will be seen that cases other than tuberculous are being referred to the Almoners in increasing numbers. This type of case is one which calls for even greater thought and more assistance, as so many are likely to retrogress during the years.

Little is done in the way of mental after-care, as it was agreed that the Mental Hospitals with their Psychiatric Social Workers would continue to look after the patients leaving these hospitals, and that the County staff would only deal with those who came home from hospitals outside the County.

#### NORTH AND EAST HERTS DIVISIONS.

The number of tuberculous patients dealt with has decreased whereas the number of non-tuberculous patients has increased; this is reflected in the numbers of visits and clinic interviews which were as follows:—

	1955	1954
T.B. Clinic Interviews . . . . .	489	747
T.B. Visits . . . . .	260	451
Non-T.B. Visits . . . . .	111	64

There are several reasons underlying the apparent lessening of need for assistance among tuberculosis patients. To begin with there are fewer newly diagnosed cases and these nearly always enter hospital within a very short time of going sick; thus they very quickly come under the care of the Hospital Almoner and the problems so often concurrent with long term bed-rest at home simply do not arise. When the patients eventually return home they are usually up and about and within sight of returning to work. Many patients get back to work after a much shorter period than used to be the case, thus many whose firms pay them for three, six or twelve months can well manage without any help at all. Many patients too can carry on their normal lives either at work or in their homes and at the same time have chemotherapy. These people seldom need the Almoner's help.

But financial difficulties can usually be alleviated if not entirely solved via the National Assistance Board and the Ministry of National Insurance and Pensions; only a few patients need more detailed assistance which involves applications to various voluntary sources. There are fewer even of these now that National Health and National Assistance allowances and pensions are more generous.

Mothers who become patients can usually be helped to care for their children and homes by means of the Children's Officer and the Home Help Service.



The question of rehabilitation, too, is less of a problem now in the majority of cases : many more patients are able to return to their old jobs ; those who are not fit or do not wish to do so can usually be trained for a new kind of work via the Ministry of Labour's Training and Rehabilitation Schemes.

It is only the rare chronic positive tuberculosis patient, fit for work and longing to work, who presents a real problem as there is no satisfactory means of obtaining for him work or congenial occupation in which he cannot infect other people. For this type of patient diversional therapy is insufficient and unsatisfying, and at present there seems to be no real answer to his problem.

Housing problems occur among tuberculosis patients, but it is seldom now that the County Almoner feels justified in pressing for alternative accommodation as it is in only very few cases that the danger of infection to other members of the family arises.

To sum up, therefore, the sting seems to have been taken out of tuberculosis and its attendant repercussions and treatment ; patients on the whole become fitter and stronger in a shorter period of time with modern methods of early diagnosis and treatment.

In other words pulmonary tuberculosis as a chronic infectious disease which carried with it many social problems affecting the patients as individuals, and the public in general, has declined to the extent that, apart from a minority of cases, it carries with it no more problems than most other illnesses for the Social Workers and not so many problems as chronic types of illness such as disseminated sclerosis, carcinoma, etc.

#### ST. ALBANS AND DACORUM DIVISIONS.

There has been no noticeable increase in the number of patients referred to the Almoner during the past year, and the form of material help needed has varied little. Financial help is always the largest single item, and in 1955, approximately £250 was raised in this area from voluntary sources to meet individual patient's needs, an increase of about £50 on 1954. Once again thanks are due to the many Funds, both national and local, who have helped so promptly and generously in this way.

Of twenty cases in need of support in their applications for re-housing, twelve have either been re-housed or selected for accommodation as soon as it is available.

It is interesting to note on the rehabilitation side, that of forty-four men and women fit to return to work, nineteen were reinstated in their original places of employment, usually in some lighter work. All but one of the nineteen were regarded as negative and quiescent so that there was no practical bar to their return to former firms, but it does perhaps show an increasing willingness to co-operate on the part of the employers.

Apart from Chest Clinic work, nine new chronic sick cases have been referred to the Almoner by General Practitioners. This work among young or middle-aged chronics, usually originates from the request for some sort of recuperative holiday, but other needs besides a holiday often come to light, particularly some form of regular visiting. This can some times be delegated to some voluntary worker, or friendly individual, but in some instances it seems essential that a trained case-worker should undertake it.

It is possible to show in figures something of the welfare side of the work undertaken throughout the year. One can quote the material needs that have come to light, and then give details of the way in which they have been met. Because it is at least possible to record this, however inadequate mere figures are, it is in some ways the most satisfactory side of the Almoner's work. One wonders, sometimes, whether in fact it plays too large a part to the exclusion of the far more difficult and intangible case-work side, attempting to help patients with personality difficulties and anxieties. It is relatively easy to help the patient who will not accept treatment for financial reasons or because he does not know how to arrange for the care of the family while he is undergoing



treatment. This type of patient can with help and advice, probably solve his problems himself, possessing enough stability in his personal life to meet the strain and stresses of illness with a little outside help. In another patient, where such stability does not exist, illness and its own related problems throws the weakness of personal relationships into sharp relief. It is extremely difficult to assess how far the patient has been helped, but if there are signs that the patient has achieved some insight into his personal problems, the first stage has perhaps been reached towards a full recovery.

#### SOUTH HERTS DIVISION.

It is, I think, difficult to give a full picture of one's work when much of one's time is spent listening and talking. Many of the patients want, and I think need, someone with whom they can discuss their worries, their domestic problems, their concern for their children, their marital difficulties, and their apprehension for their own future. Emotionally, many patients appear to be "tied up in knots" and their relationships both entangled and involved.

Whilst patients sit in the Waiting Room or lie in bed, a number relate to one another their problems. Alas, more often than not the other patients merely take a vicarious pleasure in them and tend to cause the already harassed patient to be even more mentally distressed. There are also the reserved patients who do not mention their worries when others are present, and it is often a relief to them to come to the Almoner's Office for a talk.

In-patients who have had Pneumoperitoneums induced see the Almoner when they come over to the Clinic for their refills. Unfortunately, it is difficult to have really private conversations in the wards as the beds are so very close together. Even so, the Almoner endeavours to have a friendly chat each week with all the ward patients. In the office patients are free to talk and the Almoner endeavours to help them to see their problems in their true perspective, and take a balanced view of the situation.

Many of the problems discussed in 1955 were comparatively trivial, but alas, we had an increase in number of patients with serious marital difficulties. Where possible the Chest Physician and the Almoner saw the husband and wife in the hope of helping them to become reconciled, but when it was evident that more skilled or legal help was needed they were referred to the Probation Officer or to a Solicitor.

Patients with serious economic problems were not numerous and referring them to the National Assistance Board or arranging for them to have free milk was a fairly routine matter. Tuberculous patients who have been ill for a year or more find it increasingly difficult to replace worn-out domestic articles, i.e. bed linen, and to buy clothes. We are grateful to the Women's Voluntary Service and the Personal Service League for helping many patients in 1955.

The non-tuberculous patient off work for any length of time is, however, soon in financial straits as the National Assistance Board allowance is meagre for such people. A number of these patients were referred for an extra nourishment grant and to a voluntary society for a grocery allowance in 1955.

It may be of interest to note that a patient whose brother was doing his National Service was granted an allowance by the Army Authorities after the Almoner had drawn attention to the girl's difficulties and the courageous effort she was making to keep the home together for herself and brother, although the application had previously been refused. Another patient was cleared of debt and prevented from being taken to court.

The Home Help problem barely existed in 1955. The greatest social problem continued to be the Housing situation. From the medical infectious aspect we had no serious problems, but many of our patients living under unsatisfactory conditions such as living in expensive furnished accommodation or sharing with relatives were becoming psychological problems because of the helplessness of their situation, and having nothing to look forward to.



General Welfare activities continued to be an important side of the Almoner's work. Many patients were referred to the British Red Cross Society for diversional therapy, and others obtained work on their own, but were assisted in selling their goods, i.e. basket work and jewellery. Diversional and occupational therapy which is creative relieves boredom and the feeling of helplessness, and those selling goods have the added incentive of helping their financial position by a small sum, particularly at the Christmas season.

One hundred and ninety-three Chest Clinic patients were in various ways helped by the Almoner's department in 1955, a slight increase on the number in 1954, but only eight new general after-care patients were referred, although the Almoner continued to visit and assist a number of the old chronic patients who were referred to her in previous years.

#### TUBERCULOSIS VISITORS.

The number of staff engaged solely on this type of work was increased to 11 during the year. As will be seen by reference to Table 25 the additional appointment was fully justified. Provision is made in the Estimates for one Tuberculosis Visitor to attend a Refresher Course each year, but in 1955 two Tuberculosis Visitors shared attendance at a 7-day non-residential course.

TABLE 25.

	1954		1955	
	Attendances at Chest Clinics	Visits to Patients	Attendances at Chest Clinics	Visits to Patients
Tuberculosis Visitors. .	1,796	20,121	2,038	22,535
Health Visitors . .	18	888	15	1,107
Home Nurses . . .	—	9,709	—	13,298

#### T.B. LIBRARY SCHEME.

The scheme administered by the Joint Organization of the St. John Ambulance Brigade and the British Red Cross Society continued its very useful assistance to the tuberculous. From its main centre in Watford Chest Clinic, books were not only issued to the local patients attending there, but also sent by post to patients in the rural parts of Hertfordshire.

#### GENERAL AFTER-CARE.

It is in this field of chronic illness at home, that, during the last year, there has been an increase of cases referred to the County Almoner. These include cases of disseminated sclerosis, muscular dystrophy, carcinoma of the lung, pneumoconiosis, asthma, Menière's disease, etc.

##### *Disseminated Sclerosis.*

These patients usually need help in obtaining suitable occupation, the frustration of enforced idleness being one of their main problems. Most have day to day living problems—not being able to pick up or reach things, to use knives and forks and cups normally ; many of them dare not go far from home on account of toilet requirements, etc. The National Association for the paralysed very often can give helpful suggestions for overcoming many of these difficulties ; also from their excellent handbooks several patients have been able to glean ideas how to help themselves.

##### *Carcinoma of the Lung.*

These patients mostly need help with extras such as milk, eggs, brandy, fuel, sheets, etc. The National Society for Cancer Relief is very generous with

grants and allowances which can be given in addition to National Assistance up to a certain maximum. In one case the Almoner was asked to arrange a convalescent holiday following surgery.

### *Pneumoconiosis.*

More patients during the last year have been referred to the County Almoner for assistance in claiming compensation following new legislation which enables many more patients to receive awards.

One case of *Menière's disease* was referred for help with arranging a period of convalescence which involved making arrangements for her daughter, a heavily disabled case of *muscular dystrophy*, to be cared for in her absence. She in turn needed help with a holiday and in finding outside interests suitable to her extremely intelligent outlook on life.

An *asthmatic* girl was referred for general help and rehabilitation ; she also needed financial aid, clothing, occupation, transport for dental treatment, etc., but her main trouble was her inability to read, write or count, and the problem of rehabilitation, therefore, remains unsolved as yet.

With most of these non-tuberculous cases it has been found that regular friendly visits are greatly appreciated in order, at least, to discuss the patients' problems even if suitable solutions cannot be found. Patients seem to be cheered by the knowledge that it is someone's duty to keep in touch with them and to take an interest in their disabilities and consequent troubles, and at least to try to assist them.

### MENTAL AFTER-CARE.

In Mental After-Care work, numbers are few but close contact is maintained with certain cases who need considerable support to maintain a degree of stability in normal life, while unfortunately four have had to be readmitted to hospital for further treatment.

One unmarried woman with a long history of recurrent breakdowns decided to take over a primitive and remote cottage as she longed for quiet and country life. The Psychiatrist was consulted as to the wisdom of this plan, especially in view of the fact that she has depressive moods, and that the cottage adjoins the railway track ; he gave a favourable opinion and accordingly she was helped to carry out her intention. She had a very bare minimum of furniture, but help was organized from the W.V.S., and from personal friends, and she was also allowed to buy surplus furniture from the Hertfordshire County Council, the money for this purpose being provided from charitable funds. She has made a very charming home and in spite of many ups and downs seems decidedly happier and better after nine months' experience of this life, and keeps in weekly touch either by writing or seeing the Almoner, and is also under the supervision of the Psychiatric Clinic.

### MEDICAL LOAN SCHEME.

Demands for assistance under this scheme continued to increase and the requests covered an ever widening variety of articles. The disabling effects of illness or accident are often long-term and loans to some cases must be regarded as permanent. Articles which are movable can reasonably be included within the loan scheme.

Requests are received frequently for alteration to houses, viz. widening of doors, provision of concrete ramps, rails throughout the house, necessary to help severely disabled persons. These applications are usually referred to the owners of the properties concerned. However, with the extension by the County Council of their proposals under Section 29 of the National Assistance Act, help in this way may become possible through the Welfare Committee.

Members of the St. John Ambulance Brigade and the British Red Cross



Society continued to man the thirty-five Loan Depots on a voluntary basis and relieved the County Council of the issue of the more everyday needs for the short-term cases. These organizations are working under difficult conditions in many areas, as storage space for the more bulky equipment is not easy to find. However, the new Health Centres include rooms for Loan Depot purposes and eventually it is hoped each town will have sufficient accommodation for its needs.

During the year a second depot was opened in Welwyn Garden City at the Gooseacre Health Centre, and two sub-depots (at Hormead and Ware) were closed, the equipment being transferred to the nearby principal depots.

Towards the end of the year the Committee agreed to the loan of a special mobile hoist. This acts as a movable crane, lifting a helpless person from his bed, supporting him and taking him to any part of the house on the same floor. The man receiving this equipment, in his early thirties, very severely paralysed, and with several small children, will eventually, it is hoped, be able to propel himself out of the house in a wheelchair to a nearby factory and become again a wage earner. The provision of this equipment, the most expensive at £75 for one item, has enabled an otherwise bedridden man to be looked after at home by his wife in the midst of their own family and has, at the same time, helped towards a start in his rehabilitation. Four weeks in a hospital bed would have cost as much.

### HOLIDAY HOME SCHEME.

The demand for Holiday Home convalescence continued during 1955. There were 422 applications, most of them from general practitioners and hospitals, for admission to homes; five more than in 1954.

Of the 422 who applied 22 were not accepted as coming within the scheme, 87 cancelled their applications, and 313 were placed; five less than in the previous year.

The Hertfordshire Seaside Home, at St. Leonards, near Hastings, received 210, the remaining 83 going to other homes considered more suitable for the patient concerned.

Of the 313 who went away 72 per cent were women. Over a fifth were over the age of sixty-five. Two, as can be seen, were under the age of one. One went to a convalescent home with his mother; the other was a very frail baby whose mother had been retained in hospital. The consultant considered that he should have a period in a convalescent home until the mother could more easily give him the care he needed.

### AGES OF THOSE SENT AWAY.

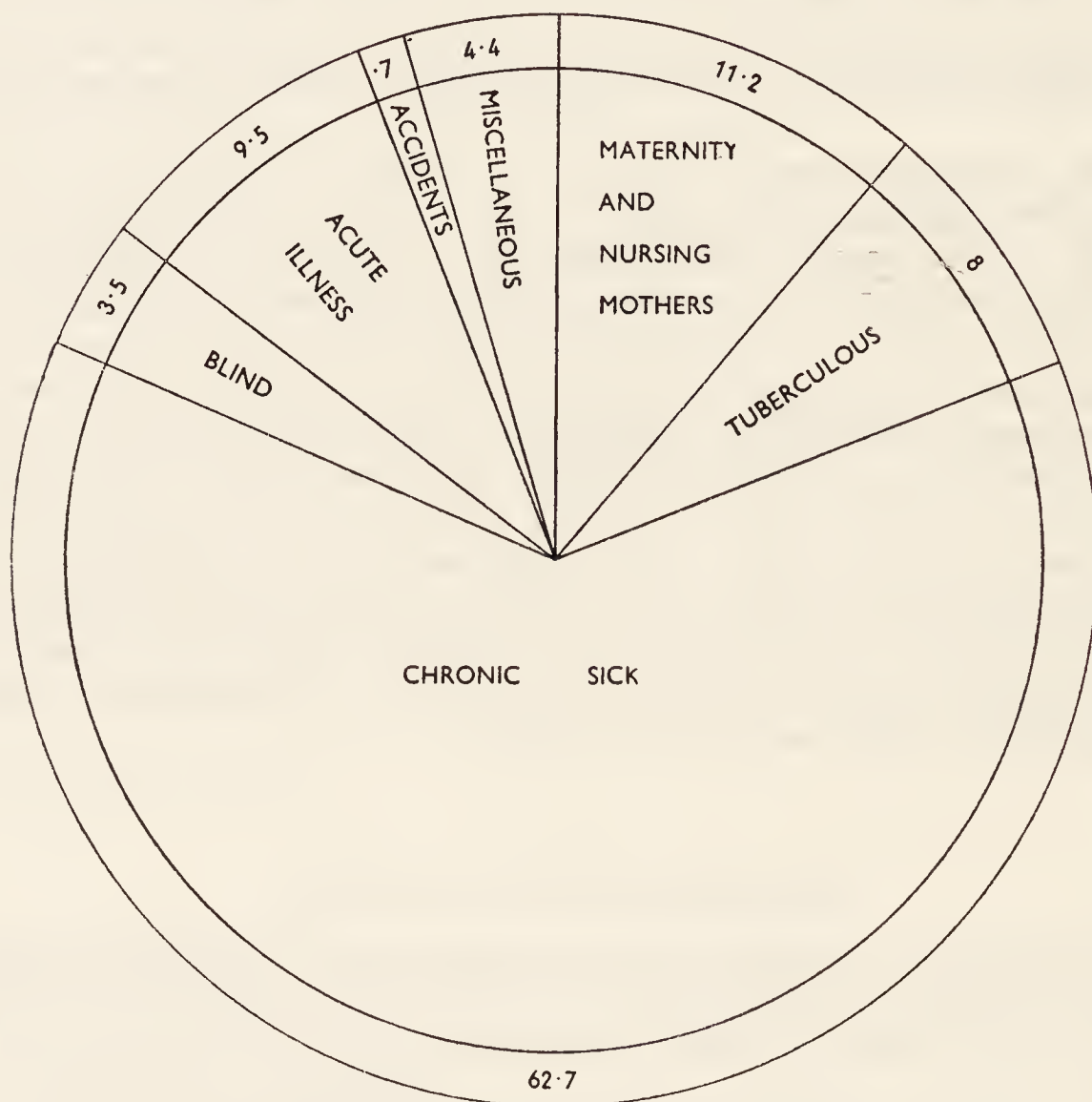
0-1		2-5		6-15		16-45		46-65		66 +	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
2	—	4	5	2	1	18	93	44	78	17	49

### BY WHOM REFERRED.

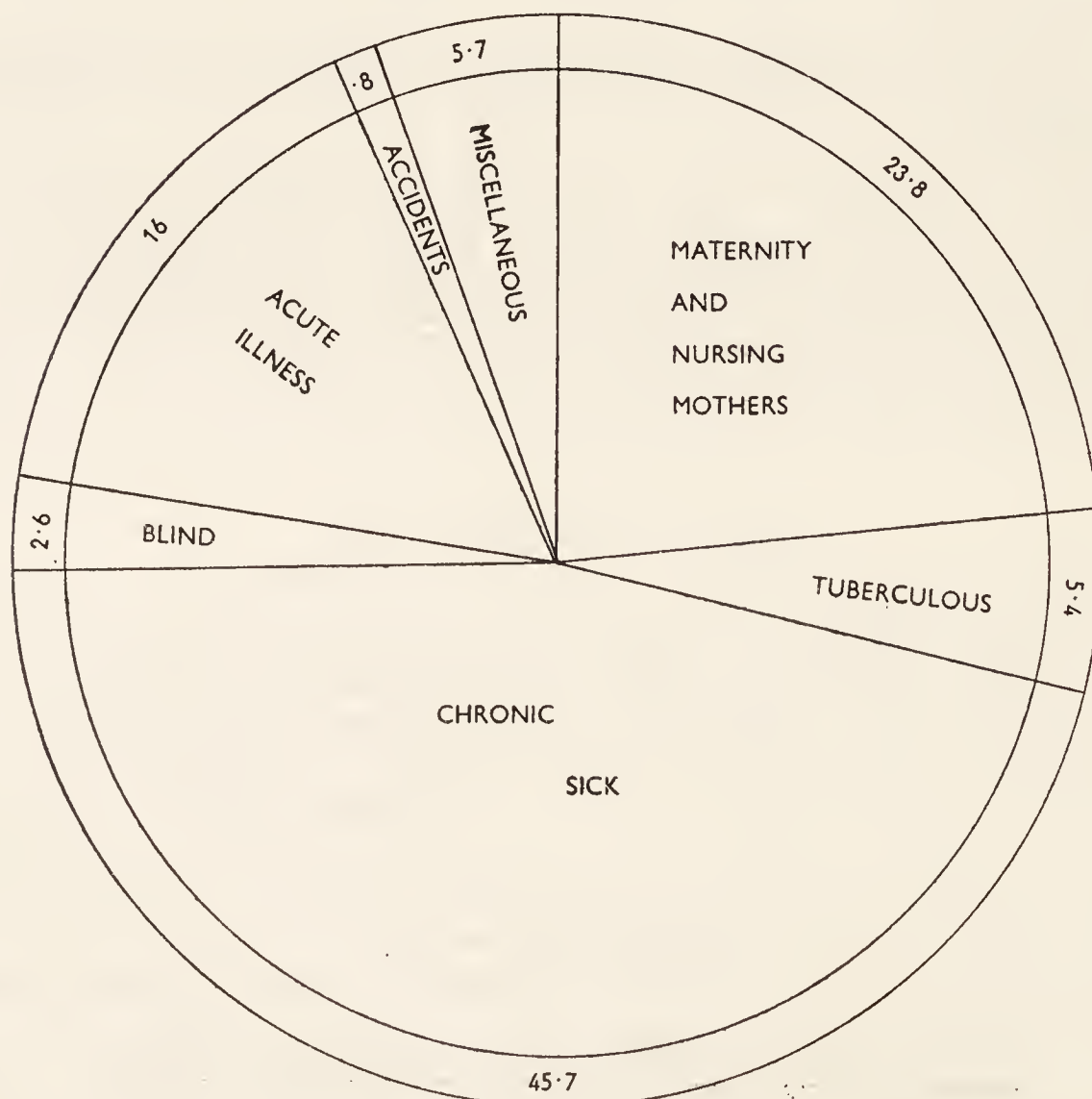
Own Doctor	Hospital	County Almoners	Others
157	96	46	14

SECTION 29—HOME HELP SERVICE.

PERCENTAGE OF HOURS HELP GIVEN IN EACH CATEGORY.



PERCENTAGE OF CASES HELPED.



These diagrams illustrate the history of the year 1955.



Although those receiving help in the categories "Acute Illnesses" and "Maternity and Nursing Mothers" constitute 16 per cent and 23·8 per cent respectively of the total throughout the year, the percentage of hours help they received was only 9·5 per cent and 11·2 per cent respectively.

This is explained by the fact that, although this type of case may be allocated 20 hours or more in any one week, the average period over which help is given is only two to four weeks. The chronic sick case, on the other hand, may be allocated only four hours' help in any one week, but will probably continue to receive weekly help over the whole year. The annual percentage of home help hours is therefore greater for chronic cases than for short-term and emergency cases.

During 1955, the number of cases helped, again rose, but the rise was not so steep as in previous years. Curiously enough the number of Home Help hours paid for each week was lower at the end of the year than at the beginning. Again there was a seasonal fall in demand during August, and a rise during the following months. The annual authorized hours were divided into quarterly averages, allowing for an increase during the winter months. The organizers found it quite difficult to keep the weekly hours within the authorized limits during the first six months of the year. During the winter, however, the expected rise in demand did not materialize, and at the end of the year we found that we had not spent the estimated total. My comment under "Recruitment of Home Helps" concerning difficulties in some areas may, in part, give the solution to this.

### *Organizing Staff.*

In February, the Home Help Organizer for Watford resigned. The Organizer for Oxhey was promoted to fill this vacancy and a new one was appointed for the L.C.C. Estate. In the summer, the Organizer for the North Herts area was appointed to a post in Civil Defence, and another Officer was appointed for this district. During the year also it was found necessary to increase the Organizer's weekly authorized hours in both Hatfield and Tring.

The Organizer for Hertford found that the clerical work involved in running her very large area was causing her to spend more and more time in the office, and in October, a part-time clerk was appointed, to work in the office in Bull Plain, thus enabling the Organizer to spend more of her time in the field. The Clerk for Barnet also had her hours increased from 20 per week to 26 per week, owing to the growth of the Service.

### *Office Accommodation.*

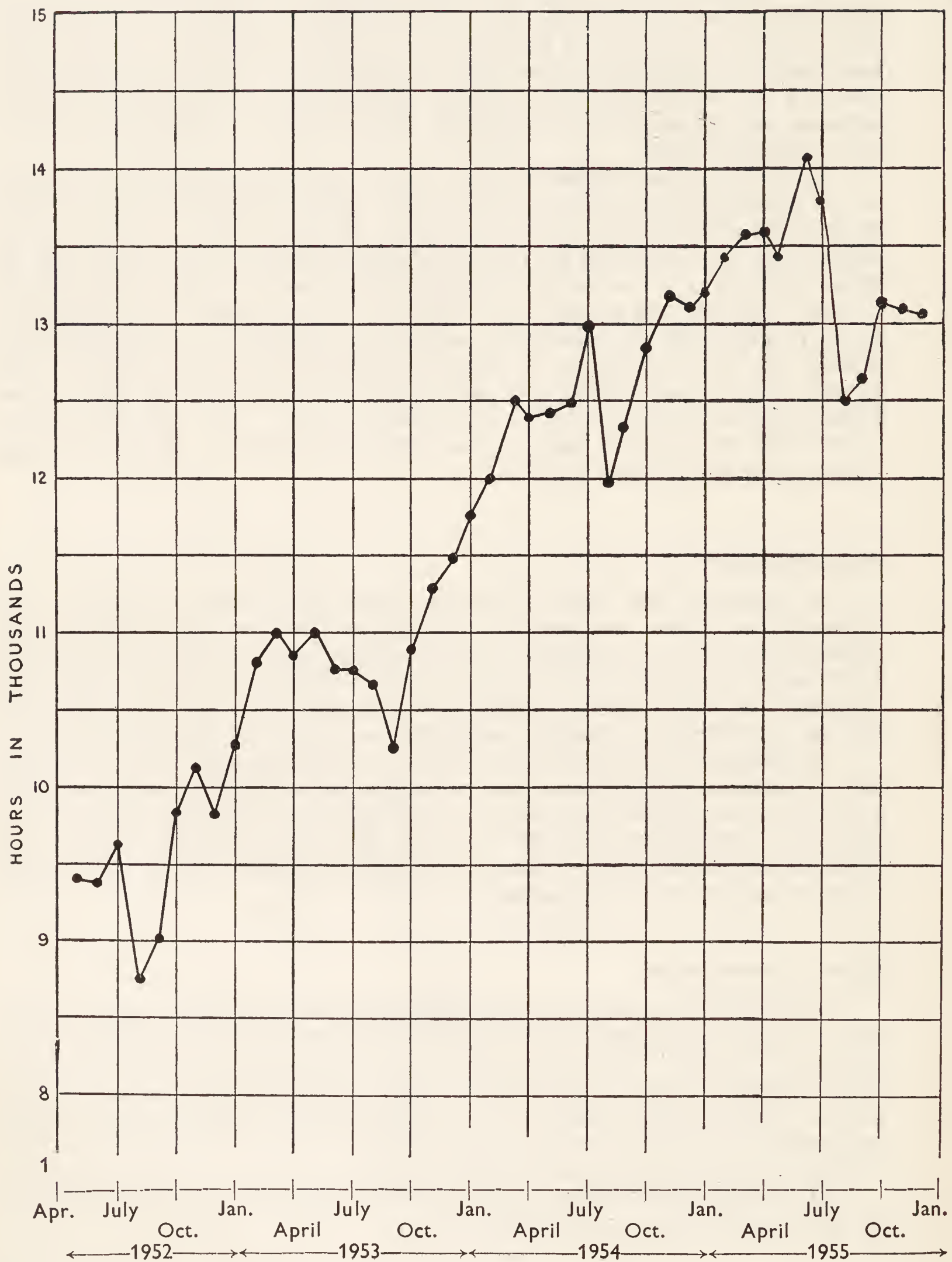
There were two changes of office during 1955. In Barnet, the County Council lease of a property shared by the Divisional Welfare Officer and the Home Help Organizer "fell in." The Home Help Organizer and her clerk have been given accommodation in the newly-opened Public Health Department of the East Barnet Urban District Council. This arrangement is working happily and we are grateful to the East Barnet Urban District Council for giving the County Council the opportunity to use these premises.

In Welwyn Garden City, the Home Help Organizer now has an office in the new Health Centre in Cole Green Lane.

### *Recruitment of Home Helps.*

Having experienced very little difficulty in this direction for two or three years, it came as an unpleasant surprise towards the end of 1955, to realize that the Organizers in three or four towns were finding that they needed more staff,

AVERAGE HOURS HELP GIVEN WEEKLY IN EACH MONTH.





and could not recruit enough. This has not led to serious breakdowns so far, but it has meant that the existing staff has been asked to undertake more work, and the hours allocated to a large number of householders have been reduced. The areas concerned are mainly growing industrial areas, where part-time employment is offered in factory work. But there is an ever-growing corps of women with several years' service, and amongst the newcomers are several women who have been Home Helps in their former neighbourhoods. The shortage of staff is not serious, but it does mean that the Organizer must spend more time planning the weekly programmes of work, so that more householders can be helped by the same number of workers.

### *Wages, etc.*

At the beginning of the year, the National Joint Council reached a decision that Home Helps working in households where there was an infectious illness, should receive an extra 2d. an hour for the hours worked in those households. The most usual of these illnesses encountered by Home Helps is Pulmonary Tuberculosis, although others on the list do arise from time to time.

In May, 1955, Home Helps were included in a list of workers to receive a National Award of 2½d. an hour.

### *Staff Welfare.*

In May, 1955, as I mentioned in my Report for 1954, Home Helps were included in the groups of County Council employees for whom a pre-appointment X-ray was desirable. It has not always proved possible to arrange for this X-ray examination to be made before the Home Help starts work, and the ruling has been relaxed slightly. The prospective Home Help must agree to attend for an X-ray examination when requested to do so. A new Home Help is not now sent either to a tuberculous household, or to a household where there are children, until her chest X-ray has been completed. In this respect, the Chest Physicians have been very helpful in arranging for Home Helps to attend the Chest Clinics for X-ray, when we wish to send them to tuberculous households. The medical questionnaire which every prospective Home Help is asked to complete, has now become accepted as part of the routine of enrolment, and has enabled the County Medical Officer to make further inquiries, in some cases where the applicant's health may be in doubt.

During 1955, Long Service Badges were awarded to Home Helps for the first time. The badge is blue enamel on white metal, and is similar in design to the embroidered badge which Home Helps wear on their overalls, i.e. the Crest of the Hertfordshire County Council. It is presented for five years unbroken service as a Home Help with this County Council. The first six of these badges were presented by Miss Hornsby-Smith, when she opened the new Health Centre at Welwyn Garden City, to the six Home Helps with the longest service in the County. One of these was enrolled in 1946, and the other five in the first half of 1947. Later in the year, meetings were held in the various divisions, when the County Medical Officer presented badges to those Home Helps who qualified. A total of 66 Home Helps and nine Organizers received the long service badge during 1955.

### *Cases Helped.*

The following Table shows the number of cases helped during the year, the current cases beginning and end of the year, and the staff employed.

TABLE 26.

Cases Helped during year	Cases Current at 1.1.55	Cases Current at 31.12.55	No. of weekly hours paid at 1.1.55	Equiva- lent No. of Home Helps	No. of weekly hours paid at 31.12.55	Equiva- lent No. of Home Helps	No. of Organizers and Clerks					
							Full time at 1.1.55	Part time at 1.1.55	Equiva- lent full time No.	Full time at 31.12.55	Part time at 31.12.55	Equiva- lent full time No.
4,565	1,633	1,719	13,576½	308	12,827½	2915.5	12	8	153½	12	8	17

The following is a summary of cases assisted during the year :—

TABLE 27.

Category 1	Maternity and Nursing Mothers 2	Tuberculous 3	Chronic Sick 4	Blind 5	Acute Illness 6	Accidents 7	Miscel- laneous 8	Totals
Householders other than old age pensioners.	1,086	218	395	33	577	21	205	2,535
Old age pensioners	—	28	1,691	88	153	17	53	2,030
Totals.	1,086	246	2,086	121	730	38	258	4,565

The increase in the number of chronic sick receiving Home Help was again noticeable during 1955, but it is interesting to note that, of 228 new chronic sick cases, 102 were not old age pensioners. It was gratifying to see a large increase in the number of Maternity cases, and nursing mothers receiving help (1,086 in 1955, as against 896 in 1954), and from the number of short-term cases, it appears that doctors and hospitals are using the Home Help Service more frequently as time goes on. It is pleasing to see that the number of Tuberculosis cases receiving Home Help was lower in 1955 than in 1954, and one hopes that this is an indication of a general trend in this disease. On the other hand, the number of blind persons on our records increased by nearly 30 per cent. It appears that the Blind Register for the County is growing rapidly, year by year, and roughly half of the new people on the register are over seventy years of age. This, therefore, may well be the answer to the rapid rise in the number of blind people receiving Home Help.

#### *Assessment Scale and Appeals.*

No changes have been made in the Assessment Scale during 1955, but at the end of the year, the full cost was increased from 2s. 9d. an hour to 3s. 3d. an hour, and the assessment scale extended to take in two more stages, 3s. and 3s. 3d. an hour. During the year, only 93 appeals against assessment were considered by County Councillors, a much lower percentage than in any year since the Scheme was introduced.

#### *General Comments.*

In several cases recently Home Helps have been used to help families which are making considerable efforts to help themselves.

In one instance, a young married woman, with four children, ages ranging from three to seven years, heard that her sister had to go into hospital for a period of some months. She promptly arranged for her sister's seven children, twins of three months, twins of sixteen months, one toddler and two young school children, to come down to stay with her while their mother was away.



This meant that she was caring for eleven children, the eldest being her own child of seven years. She did not ask for help, but the doctor asked whether Home Help could be supplied, as the washing and ironing alone for this family was phenomenal. Home Help was supplied, and the Helper who attended managed to get there every day, although on several occasions there was deep snow, and the house was some distance from a bus route.

Another instance in which a Home Help proved herself to be a real friend was the case of an elderly lady who had an extremely serious heart condition. Her husband was working as a gardener and out all day. They lived in a cottage in a remote part of the County. A Home Help was found in a village about two and a half miles away, who offered to go along every day. This Home Help could not ride a bicycle, but seemed undaunted by the thought of the walk. She attended at this home every day until the patient died, often going down at week-ends to give help voluntarily, although the walk took her three-quarters of an hour each day.

I continue to receive letters of appreciation from householders, mentioning particularly Home Helps who had been attending at their homes. One old lady in Sawbridgeworth expresses her appreciation in a practical way, by paying 3d. an hour for help although her circumstances warrant a "Nil" assessment.

Another householder, who suffers from arthritis, and receives help once or twice a week, wrote a very appreciative letter, and enclosed £1 to be used as the County Medical Officer considered best, to benefit the Home Helps.

Other householders write in the following terms :—

"She was indeed the absolute treasure one reads about, but rarely meets in real life."

"May I be allowed to express my appreciation of the kindness and courtesy of the Organizer."

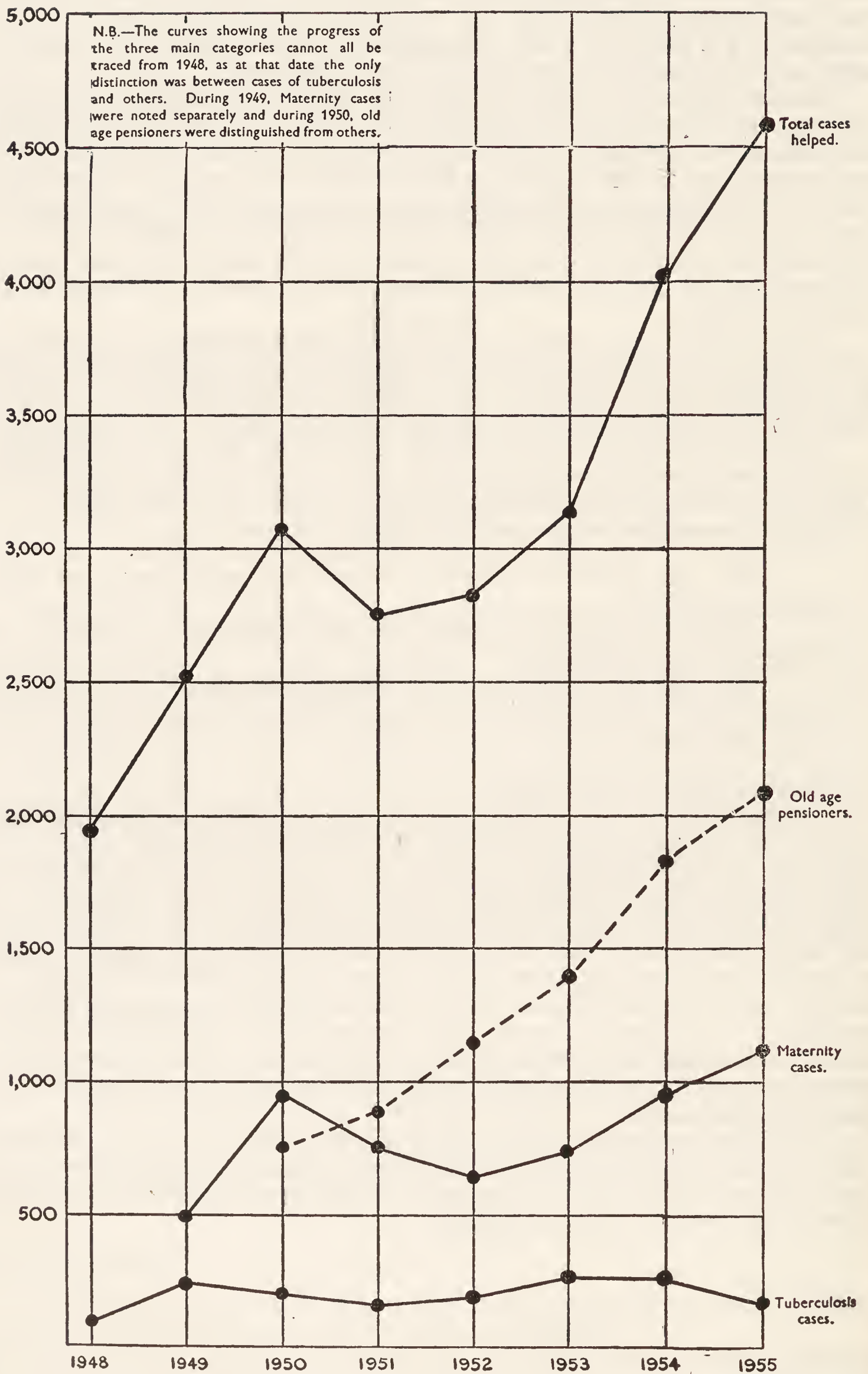
"My wife and I would like to take this opportunity to thank the Council for the very efficient and cheerful work done by the Home Help who was assigned to us."

—and many more in similar vein.

I still receive letters of complaint, naturally, but these are becoming more scarce and are rarely directed against the Home Help or the Home Help Organizer. These complaints are usually from clients whose ideas of the help they want differ from the Organizer's estimate of the help they really need ; or from clients who feel that they cannot afford the charge, even after an appeal has been considered by members of the Health Committee. Another source of dissatisfaction amongst householders is that they are not always notified of the fact that a promised Home Help has reported sick, or has been diverted elsewhere. The Organizers try to meet this problem by using the telephone, where the householder is on the 'phone ; by personal visits, and by sending printed notices, but this is a genuine grievance and the complete answer to it has not yet been found.

The Organizers and the Home Helps still find that a certain type of person will try to use the Service without real need, or after the need has been overcome, but we all hope that, as time goes on, this type of applicant will become rarer, if she does not vanish altogether.

## CASES HELPED SINCE 1948.





## SECTION 51—MENTAL HEALTH SERVICES.

## MENTAL DEFICIENCY ACTS, 1913-1938.

The official return to the Ministry of Health for the year 1955 was as follows :

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
1. <i>Particulars of cases reported during 1955.</i>				
(a) Cases at 31st December, 1955, ascertained to be defectives " subject to be dealt with " . . . . .	31	25	21	19
Number in which action taken on reports by :—				
(1) Local Education Authorities on children				
(i) While at school or liable to attend school	28	20	—	—
(ii) On leaving special schools . . . . .	1	1	4	5
(iii) On leaving ordinary schools . . . . .	—	—	1	—
(2) Police or by Courts . . . . .	—	—	3	—
(3) Other sources . . . . .	2	4	13	14
(b) Cases reported who were found to be defectives but were not, at 31st December, 1955, regarded as " subject to be dealt with " on any ground . . . . .	21	13	16	15
(c) Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, 1955, and are thus excluded from (a) or (b) . . . . .	—	—	—	—
Total . . . . .	52	38	37	34
2. <i>Disposal of cases reported during 1955.</i>				
(a) Of the cases ascertained to be defectives " subject to be dealt with " (i.e. at 1 (a)), number				
(i) Placed under Statutory Supervision . . . . .	26	24	13	11
(ii) Placed under Guardianship . . . . .	—	—	—	—
(iii) Taken to " Places of Safety " . . . . .	—	—	1	1
(iv) Admitted to Hospitals . . . . .	5	1	7	7
(b) Of the cases not ascertained to be defectives " subject to be dealt with " (i.e. at 1 (b)), number				
(i) Placed under Voluntary Supervision . . . . .	21	13	16	15
(ii) Action unnecessary . . . . .	—	—	—	—
Total . . . . .	52	38	37	34
3. <i>Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1955 and admitted to</i>				
(a) National Health Service hospitals . . . . .	18	13	3	4
(b) Elsewhere . . . . .	1	1	—	—
Total . . . . .	19	14	3	4

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
4. <i>Total cases on Authority's Registers at 31st December, 1955.</i>				
(i) Under Statutory Supervision . . . . .	118	104	131	114
(ii) Under Guardianship . . . . .	1	—	11	25
(iii) In " Places of Safety " . . . . .	1	3	1	2
(iv) In Hospitals . . . . .	94	55	389	345
(v) Under Voluntary Supervision . . . . .	30	19	79	74
Total . . . . .	244	181	611	560
5. <i>Number of defectives under Guardianship on 31st December, 1955, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (included in 4 (ii))</i> .	—	—	2	—
6. <i>Classification of defectives in the Community on 31st December, 1955 (according to need at that date).</i>				
(a) Cases included in 4 (i)–(iii) in need of hospital care and reported accordingly to the hospital authority				
(1) In urgent need of hospital care :—				
(i) " Cot and chair " cases . . . . .	4	6	—	—
(ii) Ambulant low grade cases . . . . .	—	3	—	—
(iii) Medium grade cases . . . . .	4	4	—	—
(iv) High grade cases . . . . .	4	1	1	—
Total urgent cases . . . . .	13	14	1	—
(2) Not in urgent need of hospital care :—				
(i) " Cot and chair " cases . . . . .	—	1	—	—
(ii) Ambulant low grade cases . . . . .	—	—	—	—
(iii) Medium grade cases . . . . .	2	2	—	1
(iv) High grade cases . . . . .	1	—	2	—
Total non-urgent cases . . . . .	3	3	2	1
Total . . . . .	16	17	3	1
(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for :—				
(i) Occupation centre . . . . .	91	66	4	16
(ii) Industrial centre . . . . .	1	—	40	4
(iii) Home training . . . . .	1	—	—	2
Total . . . . .	93	66	44	22
(c) Of the cases included in 6 (b), number receiving training on 31st December, 1955 :—				
(i) In occupation centre* . . . . .	84	59	8	17
(ii) In industrial centre . . . . .	1	—	8	—
(iii) At home . . . . .	1	—	—	2
Total . . . . .	86	59	16	19

\* Five patients over 16 (four M. and one F.) are considered suitable for advanced training but are attending occupation centres.

There were ninety-six new cases reported and found subject to be dealt with in 1955, compared with 129 in the previous year. Forty-eight were children reported by the Local Education Authority under Section 57(3), Education Act, 1944, as incapable of receiving education at school, on account of mental defect. Children are reported by the Local Education Authority under this section at



ages ranging from two years to school-leaving age, the more severe mentally defective usually being reported before the age of five, and the borderline cases after a period on trial at school. Twelve children were reported by the Local Education Authority under Section 57(5) of the same Act. These children had all attended schools up to school leaving-age, but were regarded as in need of supervision under the Mental Deficiency Acts after leaving school. Eleven had attended special schools and one had remained at an ordinary school, as the parents would not consent to special schooling.

The remaining thirty-six patients reported during 1955, and found subject to be dealt with, came from a number of sources. Three were adult males, charged before the courts with offences, who on medical examination were found to be mentally defective. Twenty cases were dealt with at the request of relatives. Nine removed with their families into Hertfordshire from other counties, and the remaining four were reported by various welfare agencies in the County.

A further sixty-five new cases were reported during the year, and were placed under voluntary supervision, as they were not found "subject to be dealt with." Thirty-eight were infants noted by the Assistant County Medical Officers or the Health Visitors as showing considerable retardation, and the Mental Health Social Workers are keeping in touch with the parents, pending a statutory medical examination when the children are a little older, to determine whether they can benefit by education. Twenty were patients formerly detained either in institutions or under guardianship under the Mental Deficiency Acts, whose orders had been discharged, and on the request of the Board of Control, the patients were placed under the voluntary supervision of the Authority's Social Workers. Three cases moved into the County from other areas, and the remaining four were patients brought to the Social Workers' notice by various agencies.

The supervision of patients in community care in the County is undertaken by the Authority's Mental Health Social Workers. At the end of the year, these patients numbered 467 under statutory supervision, 202 under voluntary supervision, forty-four under guardianship and eighty on licence from institutions. The statutory and voluntary supervision cases are the direct responsibility of the Authority. It is only with guardianship cases that authorities have a duty to provide supervision for patients not, in fact, resident in their area—reciprocal arrangements, therefore, exist whereby each provides the necessary lay and medical supervision for guardianship cases resident in their area, irrespective of whether the patient is the responsibility under the Mental Deficiency Acts of the Authority in whose area he resides.

Where so requested, Local Health Authorities undertake the necessary lay supervision of mental defectives on licence to addresses within their area from certified institutions, on behalf of the Hospital Management Committees.

The duties of the Mental Health Social Workers may be summarized as follows :—

#### *Certification and Supervision.*

- (a) Investigation of all new cases reported.
- (b) Statutory Supervision of mental defectives under Section 30 of the Mental Deficiency Act.
- (c) Section 11 reports on the home conditions, for the Visiting Justices when considering the need for patients to continue to be detained under Order.
- (d) Domiciliary visiting, on behalf of Institutions, to advise on suitability for licence, and supervising patients already on licence.
- (e) Supervision of patients in the County under Guardianship.
- (f) Presentation of Petitions to Judicial Authorities for the making of Orders under the Mental Deficiency Acts, and application to the Justices for variation of existing Orders.
- (g) Representing the Authority when mental defectives are before the Courts for offences.



*Training.*

- (a) Arranging the attendance of patients at one of the six Occupation Centres in the County.
- (b) Providing liaison between the Supervisors of the Centres and the County Medical Officer.
- (c) Arranging daily visits of patients, living at home, to four of the Mental Deficiency Hospitals within the County.

In addition, on behalf of the Local Education Authority, the Social Workers interview parents of children found incapable of receiving education at school, on account of mental defect, and of children for whom supervision under Mental Deficiency Acts is recommended after leaving the ordinary or special schools.

This arrangement has been found satisfactory. It enables the visitor, whilst dealing with the formalities prescribed under the Education Act, at the same time to reassure parents regarding future arrangements that can be made for their children.

The Social Workers also provide reports on the home background and local employment prospects of Kingsmead and Broxbournebury leavers, for the information of the Local Education Authority when considering the need for these children to be reported to the Local Health Authority as requiring supervision after leaving school.

The case-load of the three Social Workers varies from 257 to 273 and this, together with the other duties already mentioned, had made it impossible to maintain routine visiting of all patients under supervision.

It has been decided to appoint two additional Social Workers during 1956, and with this increased establishment, it should be possible to clear the arrears of visiting.

The following is a summary of the various statutory actions taken under the Mental Deficiency Acts during 1955 :—

Placed by parents (Section 3)	18
Orders obtained on presentation of Petitions by the Authority's Social Workers (Section 6)	50
Varying Orders (Section 7)	6
Court Orders (Section 8)	2
Order by Secretary of State (Section 9)	—
Orders obtained by Hertfordshire on behalf of other Authorities	9

It is pleasing to report some improvement in the position for patients awaiting admission to certified institutions.

At the beginning of 1955, there were sixty-seven patients on the waiting list, and during the year a further forty-four names were added. By the end of 1955, sixty-one of these patients had been admitted to institutions, and a further thirteen cases had been taken off the waiting list, as they were no longer in need of this form of care, leaving the waiting list as thirty-seven—the lowest figure since the National Health Service Act came into operation.

In addition to the vacancies referred to above, twenty-three further places were obtained during 1955 for patients not formally placed on the waiting list, when immediate admission to institutions became necessary, due to unforeseen circumstances.

The following table shows the age range of cases admitted to institutions during 1955.

AGE RANGE OF CASES ADMITTED TO INSTITUTIONS DURING 1955.

N.W. Met. Reg. Hospital Board						N.E. Met. Reg. Hospital Board					
	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total	
Males .	11	10	10	19	50	3	—	—	3	6	
Females .	4	4	3	13	24	—	—	—	4	4	
Totals .	15	14	13	32	74	3	—	—	7	10	



Despite the increased number of vacancies for young mental defectives during the year, there unfortunately remain still a number of cases in this age-group for whom accommodation is urgently required.

During the year, twenty beds in the new children's wards at Harperbury Hospital were allocated by the Regional Hospital Board for Hertfordshire patients, though this Hospital's catchment area does not normally include this County. It is hoped that when the extensions now in course of erection at Cell Barnes Hospital, St. Albans, are completed, during 1956, the remaining urgent cases on the waiting list will be admitted.

Details of the age range of cases on the waiting list at the 31st December, 1955, are shown in the following table.

AGE RANGE OF CASES ON WAITING LIST FOR ADMISSION TO INSTITUTIONS ON  
31ST DECEMBER, 1955.

N.W. Met. Reg. Hospital Board						N.E. Met. Reg. Hospital Board				
	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total
Males .	3	6	5	3	17	1	1	—	—	2
Females .	6	6	2	1	15	1	2	—	—	3
Totals .	9	12	7	4	32	2	3	—	—	5

Hertfordshire is divided between three Regional Hospital Boards—the North-East and North-West Metropolitan, and the East Anglian. The following table shows the number of patients in each of the four degrees of priority in the three boards' areas.

PRIORITIES OF CASES ON WAITING LIST FOR ADMISSION TO INSTITUTIONS  
ON 31ST DECEMBER, 1955.

	<i>North-West Metropolitan.</i>	<i>North-East Metropolitan.</i>	<i>East Anglian.</i>
1st (most urgent) . . .	14	1	—
2nd (urgent) . . .	11	—	—
3rd (priority) . . .	3	1	—
4th (no priority) . . .	4	3	—
	—	—	—
	32	5	—
	—	—	—

The degrees of priority signify varying circumstances and conditions on the following lines :—

- (1) Most urgent . Cases where removal to an Institution is the only real solution, and whose continued presence in the home imposes considerable hardship on the other members.
- (2) Urgent . . . Where conditions are less severe, but the persons caring for the defective are carrying on under very real difficulties.
- (3) Priority . (a) Where cases are occupying accommodation in either Health Service or Educational establishments, despite having been ascertained to be defective.  
(b) Cases where some relief is obtained by the patients attending Occupation Centres, but where there is still more than a reasonable strain being borne by the families, e.g. cases where normal children are adversely affected by the presence of a defective.
- (4) No priority . . . Where home care is satisfactory, and no priority seems deserved, but the parents ask for Institutional care.

Whilst the waiting list of patients requiring institutional care remains, it is of the utmost importance that arrangements can be made to give families temporary relief from the care of a mental defective, to enable them to carry on.

Under the terms of Ministry of Health Circular 5/52, it is provided that mental defectives may be informally placed in Institutions for short stay, up to two months, without the making of an Order. With the very helpful co-operation of the Medical Superintendents of the Institutions serving the County, it was possible to bring relief to some thirty-eight families in this way during the year. In addition, two cases were placed in other institutions—one being maintained by the Authority in an Approved Home, and one child in a residential Children's Home of the Authority. In this latter connection, the Authority decided that where this step was taken owing to lack of accommodation in certified institutions for short-stay cases, the Health Committee would meet the full cost of maintenance in a Children's Home, and no charge would fall on the parents. It was felt to be invidious that the parent of a child placed in the latter type of home should be assessed to pay according to his means, when no charge arises for a stay in a certified institution.

The admission of mental defectives to Children's Homes is deprecated, and is only resorted to in very exceptional circumstances.

The following table shows the age-range of cases placed in institutions and private homes for short stay during the year.

CASES ADMITTED FOR SHORT STAY TO INSTITUTIONS AND  
PRIVATE HOMES DURING 1955.

	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total
Institutions . . .	11	13	7	7	38
Private Homes . . .	1	1	—	—	2
	12	14	7	7	40

#### OCCUPATION CENTRES.

##### *General.*

The Occupation Centres fill an important place in the service provided by the Local Health Authority for mentally defective children living in the Community. Five centres are directly provided by the Authority, whilst at St. Albans, by agreement with the Cell Barnes and Harperbury Group Hospital Management Committee, twenty-one places at the Centre in Cell Barnes Hospital are reserved for Hertfordshire children who attend daily.

At the end of the year, 168 patients were on the Centres' rolls, compared with 167 at the end of the previous year. The number of attendances had increased by 1,000 compared with 1954, the children making 84 per cent of possible attendances.

The following table shows the numbers on roll at the six centres on the last day of the Autumn term, and also those admitted and discharged during the year.

Centre	Admitted during 1955	Discharged in 1955	On roll last day of term, 1955
Barnet . . . . .	4	8	26
Hemel Hempstead . . . . .	8	6	27
Hertford . . . . .	9	5	38
St. Albans . . . . .	3	5	16
Hitchin . . . . .	4	6	23
Watford . . . . .	15	12	38
	43	42	168



### *Waiting List.*

There is no waiting list for Hemel Hempstead and Hitchin centres, where the numbers in attendance are already at the maximum, but increased demand will arise as the New Towns grow. For Hertford, St. Albans, and Watford there were five children awaiting admission, all of whom were being offered places to commence attendance at the beginning of the Spring term, 1956. At Barnet, where there are six children on the waiting list, extensions to the Occupation Centre premises are in progress, and it will not be possible to admit the children on the waiting list until they are completed.

### *Discharged Cases.*

During the year forty-two children were discharged from the centres, and the following table shows from which Centre, and the reason for the discharge.

Reason	Barnet	Hemel Hempstead	Hertford	Hitchin	St. Albans	Watford	Total
Readmitted to the Educational system .	—	—	—	—	—	1	1
Admitted to Certified Institutions, Approved Homes, or placed under Guardianship . . .	5	2	2	—	1	5	15
Admitted to Advanced Training Classes .	—	—	—	—	2	—	2
Transferred to another Occupation Centre .	—	1	—	—	—	—	1
Removed from area .	—	—	—	1	1	3	5
Withdrawn by parents or discharged for non-attendance . . .	—	3	1	—	—	2	6
Excluded as unsuitable	3	—	2	2	1	1	9
Excluded as over age .	—	—	—	3	—	—	3
	8	6	5	6	5	12	42

### *Transport.*

Conveyance of children to the centres does present difficulties, owing to the still rural nature of large parts of the County, and the distances involved, but with the use of the Ambulance Service and of hired vehicles, all parts of the County continue to be served. There are thirty-seven children, living up to a maximum of twenty miles from the occupation centres attended, who are conveyed by ambulance, 114 living up to twelve miles from the centres are conveyed on seven hired vehicles, two children travel by bus, and their fares are reimbursed, fourteen live within walking distance, and the one out-County child travels under arrangements made by the maintaining Authority.

There is a continually rising demand on the County Ambulance Service, and at times it is impossible to keep to schedules for the Occupation Centre journeys. An alternative would be to increase the number of vehicles hired, but it will probably be found a more economical arrangement to augment the Ambulance Service.

### *Meals.*

These continue to be obtained from the school canteens, under the School Meals Service of the Local Education Authority. Children under sixteen are charged 9d. for the midday meal. Necessitous cases, however, are assessed on the Education Committee's scale, and where eligible, receive free meals. Those patients aged sixteen years and over who continue to attend occupation centres receive a maintenance allowance from the National Assistance Board, and are required to pay the full cost of 1s. 6d. per day.

Patients under the age of eighteen years in attendance at the centres are entitled to one-third pint milk daily, under the Milk in Schools scheme. Since the 1st September, 1956, this has been limited to children under sixteen years of age.

#### *Medical Arrangements.*

The centres are visited by an Assistant County Medical Officer, and every child has a full medical inspection at least once a year.

Health Visitors also visit the centres regularly, for hygiene inspection.

#### *Staff.*

There were a number of changes in the staff at the five occupation centres directly provided by the Local Health Authority, but it was possible to recruit suitable candidates to fill the vacancies as they arose.

#### *Premises.*

Conditions are satisfactory at the Hertford and Watford centres. At Barnet, when the present extensions are completed, the Centre should be capable of catering for the needs of the South Herts and Boreham Wood areas.

The Hemel Hempstead Occupation Centre is at present housed in a hired hall, with very limited accommodation and inadequate services, and provision has been included in the 1956-57 Building Programme for a new centre to be built for this area.

At Hitchin, the Occupation Centre is housed in part of "The Maples" Clinic, where are also situated the main Local Health and Local Education Authority Clinics for the town. There are two classes and a small playground, but it is not possible to increase beyond twenty-five the number of children on the roll. The planned development for the North Herts area, with the resultant increase in the number of patients suitable for attendance at this Centre, will necessitate the provision of separate accommodation in the foreseeable future.

With the exception of Watford Centre, which is in a new building especially designed for the purpose, the other centres are in converted buildings and Church Halls. It is in large measure due to the devotion of the Supervisors and Assistants to their work that the centres can operate so successfully in these circumstances.

#### *Advanced Training.*

The arrangements with the various Mental Deficiency Hospitals in the County for daily attendance of patients for training in the workshops have continued, and during the year thirteen patients were in attendance. At the end of the year, nine were still attending, and arrangements were completed for one new case to start in the New Year. Of the four patients who discontinued attendance in 1955, one took up employment, one was admitted to an institution, another was withdrawn by his parents, and the remaining patient left the County.

The following reports have been submitted by the three Mental Health Social Workers :—

#### *East and North Divisions.*

1955 proved to be another very busy year in these two areas. Thirty-six new cases were reported, and at the end of the year, 273 patients were under supervision—158 under statutory supervision, sixty-five under voluntary supervision, twenty-four under guardianship, and twenty-six on licence from institutions.



Of the thirty-six new cases, some were referred under Section 57(3) of the Education Act, i.e. ascertained as ineducable, some under Section 57(5), as requiring supervision after leaving school, others as needing supervision after obtaining discharge from Orders, and still others referred by the Ministry of Labour and the Assistance Board.

Of those placed under voluntary supervision, a number were very young children deemed to be mentally defective, but not formally ascertained, and receiving the usual visits from the District Nurses, but with whom it was considered that the Social Worker should keep in touch. It has been found that mothers much appreciate this early association with the mental deficiency service : though not wishing any definite action to be taken for the time being, they realize the subnormality of their children and the need for specialized care and training which will doubtless arise as they approach school age.

The number of patients on licence at the end of the year had decreased as compared with last year. This was due to the return of some to their institutions, through unsatisfactory work or behaviour, and more happily, to discharge from Orders of others who had made good in their life in the community. The placing of homeless high-grade defectives from mental deficiency hospitals in *residential* employment has always been difficult, and even in these days of full employment, it becomes no easier, as employers are not very ready to accept the heavy responsibility entailed. Although it is usually reasonably easy to find daily employment, especially for men, as labourers, factory workers, dustmen, etc., the lodging problem at times seems insoluble. This lodging difficulty does not arise only in the case of licensed patients. It applies frequently to those who have been discharged from Order and who have no family to help them, and to those referred for supervision after leaving Special Schools, and whose home conditions are unsatisfactory.

Again and again, the Social Worker is frustrated, and feels that if only a hostel could be provided for these simple, but nevertheless employable men, needing a certain amount of supervision and guidance in their daily life, she would be relieved of one of her many anxieties.

In the case of women, this problem is not so serious, as they are, for the main part, placed in domestic work, and this is largely residential, though it must be admitted that there is a marked tendency to girls failing at this type of work and wanting to do factory work ; but here again the lodging problem arises.

In the Eastern area, a specially happy relationship exists with one Hospital, where the Matron has for many years been particularly interested in these feeble-minded girls, and is always prepared to consider them for employment as domestic workers. Here they are given not one, but many, chances to regain their independence. It is the second, and even third and fourth chance that does so much for these girls. After several years of residence in a mental deficiency hospital, they have considerable difficulty in settling down to life in the community, and their behaviour is frequently difficult to cope with in the early days. Many patients owe their return to ordinary life to the several chances given them at this particular hospital. One such patient has managed to find herself a new job in a Midland town, where she lived in her childhood, to buy herself a small cottage, paying a substantial deposit from her savings, and to take in an old lady lodger—thus achieving her ambition of having a home of her own. Another middle-aged woman, having lived in institutions all her life, obtained her freedom after a satisfactory period of working in Hospital, is now happily married and managing her home (under the guidance of an elderly mother-in-law) extremely well.

The occupation centres—Hitchin with accommodation for twenty-five and Hertford for forty—have continued their good work. These are happy centres, and there is a very friendly contact with all the parents. It was possible to admit to the centres all children suitable for the training and whose parents wished it. As the numbers for admission increase—as they are doing, through



the development of Stevenage New Town, etc.—places have to be found for the younger children by the exclusion of those over sixteen years. This creates another problem, especially where the boys are concerned, when parents do not wish them to enter a mental deficiency hospital, but prefer to keep them at home. The girls can be taught by their mothers to help a little in the house, and are often quite useful, but parents find it extremely difficult to occupy these older boys. North and East Herts are at a disadvantage as, unlike the other divisions of the County, there are no mental deficiency hospitals situated in the area, to which the senior boys can be sent daily to continue the occupation and training started in our own centres. Senior occupation centres would solve this problem, but it is doubtful whether the numbers would justify their provision.

Many parents tend to expect too much from the occupation centre training—reading, writing, and qualification for eventual employment. Whilst it is always hoped that this last may be achieved, the possibility is, I am afraid, usually rather remote. I have known of only one child from the Hertford Centre and one from the Hitchin Centre who, on leaving, were capable of being placed in employment. Both were girls, and one, quite capable with her needle, I persuaded the Matron of a hospital to take into the sewing room. She was extremely childish but developed generally in her association with adults although, unfortunately, after a year it was decided she would never make a needlewoman. She was then placed in a factory, where much interest was taken in her by the Personnel Officer. She has, over a period of four years, made very good progress, and although still rather childish for her age, is doing excellent work, is over other girls and is receiving normal pay. The second girl is employed washing bottles in a dairy and doing well.

Admissions to mental deficiency hospitals from these two areas have been made steadily throughout the year, and at the end of 1955, there were but five on the waiting list of the North-East Metropolitan Regional Hospital Board (only one of these was in any way urgent) and three on the waiting list of the North-West Board (one only of these being urgent). The Medical Superintendents of the various hospitals concerned have been very co-operative and it was possible to arrange several temporary admissions to enable parents to have a rest, or to take their families on holidays. The provision of temporary beds within the last two years has indeed proved a great blessing to devoted but hard-pressed mothers.

Pressure of work has been heavy and count of time lost in dealing with the many visits necessary, frequently in the evenings and at week-ends, not only in supervising patients in the community but in providing reports required in considering discharge of patients from hospitals and institutions and before permitting others to come home on licence or for holidays.

Petitions for Orders sending patients to hospitals have taken due proportion of the Social Worker's time, and, in this connection, the willing help of the justices who, often at short notice, agreed to receive these petitions, has been much appreciated.

It is interesting to look back over ten years of mental deficiency social work in this County and to reflect on the gradual but so marked progress in all its aspects. The opening of occupation centres with some of the facilities as provided for normal children such as medical inspections, free milk, etc.—benefiting the child but at the same time of untold help to the mother—the closer contact with and an increasingly friendly relationship, not only with the parents, but with all members of the family, resulting in less tension, less sense of guilt or shame and an easier acceptance of their problem. It is rarely nowadays that one is not truly welcomed into the home. There is, of course, the odd parent who threatens violence. But these unpleasant experiences are noticeably decreasing and the general tendency is a closer link with the parents and a friendly co-operation with—district nurses, children's officers, probation officers, Ministry of Labour and Assistance Board officials, etc.—all concerned in one way or another at some time or another in the welfare of these patients.



*Dacorum, Mid-Herts, and St. Albans Divisions, except Elstree Rural.*

At the end of 1955 there were 257 cases under care as Mental Defectives in these areas. Of this number there were 147 patients under Statutory Supervision, ten under Guardianship Order, thirty-four on Licence from institutions, and sixty-six under Voluntary Supervision. Thirty-five new cases were referred during the year, while three patients on Licence have been discharged from Order. A few cases on Licence, who have proved unsatisfactory, have been returned to the institutions, but it is gratifying to report that others who have been placed in lodgings are behaving well and working satisfactorily. Securing suitable lodgings for patients on Licence presents a difficult problem, so we are indeed indebted to those who co-operate with us by giving the patients a home and careful and understanding supervision.

The shortage of accommodation in institutions for cases in urgent need of care and training still remains a great problem. Fortunately we have been able to get some of the most desperate cases admitted during the year, thus affording a much-needed relief to parents, who have been almost at breaking-point, and also providing for the patients the skilled care which they so urgently need. There still remains, however, a number of very urgent cases on the waiting list, and this is bound to increase as new cases come into the area.

The temporary beds made available for the defectives in the hospitals have been invaluable in giving the parents a short rest and holiday. They have expressed great appreciation of this service.

Some boys leaving special schools at the age of fifteen years or over present a problem. Although high-grade, some are not capable of taking up employment; others cannot hold a post for long, and shift from one job to another. Two such boys are at present attending the Occupation Centre at Hemel Hempstead, but they are really too old to be among the small children there. To have these boys remaining at home is not satisfactory. Their urgent need is training in some trade and in routine work under adequate supervision.

The Occupation Centre at Hemel Hempstead, under the very capable supervision of Miss Sparkes, continues to function satisfactorily. The children are happy and enjoy their work and play in the Centre. However, it must be emphasized again that the premises at St. Paul's Hall are most unsatisfactory and unhygienic.

The children at Cell Barnes Occupation Centre continue to make good progress.

Three boys over sixteen years are attending the Senior Occupation Centre at Cell Barnes, but so far are not considered capable of being placed in employment.

In addition to the duties already mentioned, the Social Worker has had a large number of Section 11 reports to complete. These are for the information of the Justices when orders fall due to be reconsidered. Home Conditions Reports for School Leavers, and for patients when Leave or Licence is being considered, have also been completed.

A number of Petitions have been presented to the Justices for the making of Orders under the M.D. Acts. This part of the work is often difficult and exacting.

During the year it has been necessary to represent the Local Authority at the Courts and Assizes when defectives appearing before the Courts were considered "subject to be dealt with under the M.D. Acts".

The year has been a very busy one, with the usual varied problems peculiar to the work among defectives.

Thanks are due to the Justices and to the Superintendents of the hospitals for their willing co-operation and assistance.

*South and South-West Herts Divisions and Elstree Rural.*

In this area, covering the South-West and South of the County, 985 visits have been made to the homes of Mental Defectives and thirty-five petitions



have been presented detaining patients in Mental Deficiency Hospitals. There are 263 patients under supervision, of whom sixty-one are working, and in addition, approximately 120 requests have been received from hospitals of other authorities for special reports. Of the patients under supervision, many have not been visited at all this year, in spite of the fact that thirty-seven evenings and two Sunday mornings have been spent on the work. Ten evening meetings have been attended.

As the general public becomes more aware of Mental Deficiency, mainly through the Radio and Television programmes and the Parents' Associations, so the parents are becoming more appreciative of the service given them by the County, and it is now only a small proportion who continue to complain that not enough is being done for these children.

It has been possible again this year to arrange temporary vacancies for some children in Mental Deficiency Hospitals during the summer months so that their parents can get a holiday ; and the temporary cots in Cell Barnes Hospital and two continuing temporary vacancies in Leavesden Hospital have been greatly appreciated in helping to cope with emergencies, if only for a short time. Twenty unexpected vacancies were offered for boys in Harperbury Hospital and into these beds eleven boys from this area were accommodated, which eased the waiting list considerably. At the end of the year there were still fifteen children and one adult on the Urgent Waiting List and it is hoped that these may be admitted to Cell Barnes Hospital next year when the new accommodation is completed.

There has been an increase in the number of children referred under Section 57(3) of the Education Act, 1944, who will eventually require Occupation Centre training, or residential vacancies in Mental Deficiency Hospitals, and in the meantime are under statutory supervision. Of the patients who are employed, frequent visits have to be made to the homes and to the employers to keep the patient " up to scratch ", and often to beg the employer to give them just one more chance. When a patient goes on Licence after a period in Hospital, management of money affairs becomes part of the Social Worker's duties as the patients have no idea of the value of money and are an easy prey for unscrupulous work-mates ; another difficulty is learning to take a joke, which all too often results in the patient putting down his tools and walking out. Generally speaking, employers are willing to co-operate with the Social Worker and will telephone immediately trouble is brewing so that many an emergency has been averted, but on occasions they have been tried too much, and when the firm's output has been hampered by the awkwardness of the patient, then he has to go. It has been stated in previous reports that finding employment for high-grade mental defectives gets more and more difficult, and it may come to the point when adequate workshops will be set up within the hospitals for outside work to be taken in, and for patients to be employed under the supervision of trained mental deficiency teachers. This would solve many problems, particularly if hostel facilities were available away from the wards.

The supervision of female patients on Licence presents its own problems, as naturally the girls want boy-friends, and this has to be discouraged. Too often this means that the girls lead a lonely life out of working hours, spending every evening at home when they would like to go to social clubs. They hear their friends talking of dances and are asked to go with them, but have to refuse, which makes them sullen and dissatisfied, they feel they are apart and have to admit that they are under supervision. They cannot go on the firm's outings as the personnel officer has too much to do to be responsible for one particular person, and on the way home the coach will probably stop at a public house. All this adds up to a feeling of frustration on the part of the patient ; if she can stand up to it and behave herself, then her discharge is recommended in due course and she is free to marry ; but if she cannot, she breaks out and is returned to the hospital forthwith. Here again, hostel facilities would be of great benefit, the girls would get companionship and freedom under



supervision, it would be their stepping-stone to discharge. It should be pointed out, however, that where female patients have been placed on the domestic staff of hospitals, under supervision of a kindly matron, they do not lack female companionship and there is not quite so much frustration as where the girl goes home, or into residential employment as the only domestic.

#### *Occupation Centres.*

The centres at Barnet and Watford come under the supervision of the Social Worker for day-to-day administration and admission and discharge of patients, arrangement of adequate transport facilities, and staffing.

*Barnet.*—Alterations to the inadequate premises were started in the Autumn, and it is hoped they will be finished early next year. With the addition of one large classroom and boys' and girls' toilets, also a bath, provision will be made for up to forty children from the Barnet and Boreham Wood areas. It was not possible to reopen on the appointed day early in September, but the Centre was opened later that month with up to eighteen children from the Barnet district. No new children from the waiting list could be admitted, but two children who had previously been attending a nursery school and a day nursery, were allowed to continue there although over age. Until early in December, the Boreham Wood children remained at home, but in order to give their parents relief before Christmas, five were admitted to the Watford Centre as a temporary measure.

*Watford.*—This Centre, now in its own building, is making great progress with Miss K. Berry as the very capable supervisor. The waiting list is cleared as the children become suitable for admission and the general atmosphere between staff and children is excellent. The first open day at this Centre was held in July, when parents and friends were able to watch a performance by the children in the open air. A display of handwork was held in the school and tea was provided.

Both centres had Christmas parties, when Father Christmas himself distributed the presents, and an entertainer gave suitable amusement to the children, getting some of the older ones to help him and finishing with a Punch and Judy show. A generous allocation of toys was received from the *Evening News* "Toy for a Sick Child" Fund, and divided between the six centres in the County.

#### *Advanced Training.*

Daily training facilities in the Occupational Therapy departments and workshops in the Mental Deficiency hospitals are still available, and three boys go to Leavesden Hospital from the Watford district; one to work in the boot repair shop and the rest to do basket work, rug-making, etc., in the Occupational Therapy unit. It is a pleasure to record that one boy has been found suitable for employment and has started work. Two boys from the Boreham Wood district attend Harperbury Hospital daily and arrangements have been completed for one boy from Barnet to go to St. Raphael's Colony, Potters Bar, in the new year.

This training is not only available as further education for Occupation Centre pupils, but also gives opportunities to the boys who leave special schools and are referred to the Local Health Authority under Section 57(5) of the Education Act, 1944, at the age of sixteen years, many of whom are unemployable and require additional training before being able to find work. It is for these boys that the training is of real benefit.

#### LUNACY AND MENTAL TREATMENT ACTS.

The summary on the working of the Lunacy and Mental Treatment Acts, incorporated in an earlier Report, has been reprinted in this Report for the information of members of the Committee.

#### *Voluntary Treatment—Mental Treatment Act, 1930 : Section 1.*

A patient who can express his wish to undergo mental treatment voluntarily may apply in writing to the medical superintendent of a mental hospital, or



other place approved for the purpose by the Ministry of Health. No medical certificates are required unless the patient is under sixteen years of age, when written application may be made by the parent or guardian, accompanied by the recommendation of one registered medical practitioner who must be either the usual medical attendant of the patient, or a practitioner approved by the Board of Control or the Local Health Authority within whose area the patient then is. The Duly Authorized Officers are therefore not responsible either for initiating or for completing action under this Section. They do, however, advise doctors or patients, when called upon to do so, as to the procedure, and assist in any way possible. The patient once received for voluntary treatment can take his discharge at any time by giving seventy-two hours' notice. Notice is given by the parent or guardian of patients under the age of sixteen years.

*Temporary Patients—Mental Treatment Act, 1930 : Section 5.*

An application for temporary treatment without certification may be made by the husband, wife, or relative of the patient, or one of these persons may request the Duly Authorized Officer to make the application to the person having charge of the premises into which the patient is to be received. Two medical recommendations are necessary ; one of these must be made by a specially approved medical practitioner who shall not be the patient's usual medical attendant, and the other by the patient's usual medical practitioner. Under this procedure it is permissible for the doctors to examine the patient separately, or acting together. A patient dealt with under this Section, must be incapable at the time of expressing willingness to undergo treatment ; he must be suffering from mental illness and likely to benefit from temporary treatment. The period of temporary detention is not to exceed six months, but in certain circumstances this period may be extended.

*Urgency Orders—Lunacy Act, 1890 : Section 11 as amended.*

In urgent cases where it is expedient either :

- (a) for the welfare of a person alleged to be of unsound mind, or
- (b) for the public safety,

that a person should be placed under care and control, the husband, wife or relative of a patient may sign an Urgency Order. This may be signed before or after the one medical certificate which is required. An Urgency Order remains in force for seven days from its date, or until any petition for a reception order which may be pending is disposed of finally. A Duly Authorized Officer must sign the Urgency Order unless the patient is to be treated as a private patient.

*Observation Cases—Lunacy Act, 1890 : Section 20.*

Where necessary, a constable or Duly Authorized Officer may remove a person to a hospital (or a part thereof) designated by the Minister of Health for the purposes of Section 20 of the Lunacy Act, 1890. No medical certificate is necessary and action under this Section is only taken when for the public safety or for the welfare of the person alleged to be of unsound mind, he/she should be placed under proper care and control. The patient may be detained in hospital for a period not exceeding three days, and must then be released or otherwise dealt with unless a Justice has meanwhile made an Order, or unless the Medical Officer of the hospital certifies that the patient is of unsound mind and that it is expedient that he/she should be detained for a further period of not exceeding fourteen days.

*Reception Orders, etc.*

If the condition of a patient permits, and it is not necessary to operate one of the foregoing methods, the case can be dealt with by a Judicial Authority or a Justice on the active list, in accordance with procedures laid down in certain sections of the Lunacy Act, 1890. These procedures cover :—

- (i) Reception Orders on petition of a husband or wife or relative.  
(Lunacy Act : Sections 4 and 5.)
- (ii) Summary Reception Orders. (Lunacy Act : Sections 14 and 16).
- (iii) Persons wandering at large. (Lunacy Act : Sections 15 and 16.)



The Duly Authorized Officer has powers to initiate action in respect of persons to be dealt with under headings (ii) and (iii), but has no powers or responsibility under (i). The Duly Authorized Officer customarily prepares the necessary documents.

#### REPORT OF SENIOR AUTHORIZED OFFICER.

During the year there was some rearrangement of the catchment areas in the North-West Metropolitan Hospital Region. As a result the Hill End Hospital now accepts all cases from the St. Albans, Welwyn and Hatfield, and Dacorum areas, whilst Napsbury now covers the whole of the South-West Herts area in addition to the South Herts area. No Hertfordshire cases are now sent to St. Bernard's Hospital. The Three Counties Hospital still covers most of the North Herts area. Cases arising within the North-East Metropolitan Region continue to be admitted to Claybury. The North Middlesex Hospital also continues to accept cases for "observation" under Section 20. The small portion of the North of the County within the East Anglian region remains covered by the Fulbourn Hospital.

There was no change of personnel during the year.

Cases were dealt with as follows by the Duly Authorized Officers under the Lunacy and Mental Treatment Acts, as amended by the National Health Service Acts, 1946 and 1949.

	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>
(1) <i>Reception Orders (Certified Patients).</i>				
Admitted direct to hospital . . . . .	51	73	—	124
Admitted to hospital after "observation" under Sections 20-21 . . . . .	2	1	—	3
By action subsequent to making of urgency order, or admitted to hospital under orders made on petition . . . . .	31	81	—	112
By action subsequent to admission as voluntary patient . . . . .	8	4	—	12
By action subsequent to admission as temporary patient . . . . .	—	2	—	2
(2) <i>Voluntary Patients.</i>				
Admitted direct to hospital through the authorized officers . . . . .	11	26	—	37
Admitted to hospital after "observation" under Sections 20-21 . . . . .	9	5	—	14
By action subsequent to admission to hospital under urgency order . . . . .	65	126	1	192
(3) <i>Temporary Patients.</i>				
Admitted direct to hospital . . . . .	1	6	—	7
Admitted to hospital after "observation" under Sections 20-21 . . . . .	—	1	—	1
By action subsequent to making of urgency order . . . . .	14	35	—	49
By action subsequent to admission as voluntary patient . . . . .	—	1	—	1
(4) <i>Urgency orders . . . . .</i>	136	275	1	412
(5) <i>"Observation" Cases.</i>				
Patients admitted to "observation" wards under Sections 20-21 (including those above who were subsequently admitted to mental hospitals) . . . . .	18	10	—	28
(6) <i>Persons recommended for Clinical treatment and other persons advised by the authorized officers . . . . .</i>	40	45	—	85
Total "actions" taken . . . . .	<u>386</u>	<u>691</u>	<u>2</u>	<u>1,079</u>

(Excluding "out-County" cases—see below.)

Many patients are the subject of more than one "action", e.g. first admitted under an Urgency Order and subsequently certified or transferred to the Voluntary Class, etc.

The total number of individuals included in the above statistics is 697 (258 men, 438 women, and one child) as compared with 640 in 1954. These figures do not include many persons dealt with as voluntary, etc., patients through their own doctors, psychiatric out patients' departments, or otherwise than by reference to the "duly authorized officers".

Under Statutory provisions where cases are admitted to the Napsbury and Shenley hospitals in this County from their wide catchment areas outside Hertfordshire, other than under summary reception orders, and further action is subsequently required, it is necessary for Hertfordshire duly authorized officers to be called in to take such action. During the year seventy-seven of these cases (twenty-one men and fifty-six women) as against a total of eighty-five during the previous year, were dealt with by the officers for the St. Albans and South Herts areas. These cases are in addition to those shown in the above table and add considerably to the work of the officers in the areas concerned.

The number of cases dealt with initially under urgency orders increased from 355 in 1954 to 412 in 1955 (representing 59 per cent of the total number of individuals dealt with), and the number of cases admitted to observation wards was twenty-eight (twenty-seven in 1954). Of these 440 patients only 26 per cent were subsequently "certified"; 47 per cent became voluntary patients, and 11·1 per cent temporary patients.

Of the urgency order cases, sixteen subsequently died, and forty-three were discharged, or otherwise dealt with without further action under the acts.

Of the twenty-eight cases dealt with under Sections 20/21, eighteen came from East Herts area and were admitted to the "Observation" wards at the North Middlesex Hospital. The remaining cases came from the South-West Herts area and were admitted to several hospitals in the London area.

The following is a comparison with figures for 1953 and 1954 :—

	1953.	1954.	1955.
(a) Voluntary patients admitted direct through duly authorized officer . . . . .	44	47	37
(b) Transfer to voluntary class after admission to "observation" wards or under urgency order, etc. . . . .	190	158	206
(c) Temporary patients . . . . .	44	56	58
(d) Certified patients . . . . .	239	205	253
(e) Urgency orders . . . . .	321	355	412
(f) Section 20 ("observation" wards) . . . . .	61	27	28
(g) Total number of individual patients dealt with by authorized officers . . . . .	660	640	697

During the year under review, the following persons of pensionable age were certified :—

60-64.		65-69.		70-74.		75-79.		80 and over.		Total.		
M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	T.
—	12	9	4	4	12	8	24	8	29	29	81	110
Previous year . . . . .										34	68	102

## ENVIRONMENTAL HYGIENE AND SANITARY ADMINISTRATION.

This report deals with the work of the County Health Inspector.

The year's biological sampling results show a drop in the number of tubercle positive milk samples and now that the whole County is a "specified area" and all non-designated supplies of milk must be pasteurized before sale we seem to be well on the way to obtaining a safe milk supply for all.

The supervision of refuse tipping schemes still continues to be one of the major responsibilities of the public health section but it is comforting to think that the problems of refuse disposal which beset London help us here in Hertfordshire by enabling mineral workings to be restored for agriculture.



## MILK AND DAIRIES.

*(a) Sampling of milk for the Detection of Tubercle Bacilli.*

We have continued our sampling scheme as in previous years, that is, an annual sample from all tuberculin tested herds and a six monthly sample from the non-designated herds in the County. The following table shows the result of our biological sampling activities over the past five years. Accredited herds ceased to exist as a special designation on the 30th September, 1954. It will be seen that there has been a gradual reduction in the number of tubercle positive samples in non-designated herds and there were no positive samples from tuberculin tested herds this year. The total number of samples has fallen off slightly owing to more and more farms becoming tuberculin tested and being included in the twelve monthly sampling rota instead of being sampled at six monthly intervals.

## TUBERCLE SAMPLES.

TABLE 28.

Year	Total No. of Completed Tests	Non-Designated			Accredited			Tuberculin Tested		
		Neg.	Pos.	%	Neg.	Pos.	%	Neg.	Pos.	%
1951	1,211	442	16	3.49	173	10	5.46	567	3	0.53
1952	1,239	574	16	2.71	166	11	6.21	471	1	0.21
1953	1,199	498	15	2.92	143	5	3.38	537	1	0.19
1954	1,047	442	9	2.00	93	4	4.12	498	1	0.20
1955	924	345	5	1.43	—	—	—	574	—	—

As a result of the positive samples obtained seven cows were slaughtered under the Tuberculosis Order, 1938, during the year and one suspicious animal was removed from a herd between the time the sample was obtained and the investigation carried out by the Veterinary Officer.

One of the infected animals taken under the Tuberculosis Order was from a farm which had given several positive tubercle samples in the past. Previous Veterinary inquiries had failed to detect the infected animal but sampling activity was intensified and the infected cow eventually found. The efficiency of our biological sampling depends to a certain extent on farmers co-operating with us and ensuring that the sample taken is fully representative of the herd. It is necessary to have accurate information on the number of "dry" cattle at the time the sample is taken.

The three-cornered liaison scheme which exists between the Divisional Veterinary Officer, the District Medical Officer of Health, and the County Medical Officer has been successfully continued. Positive samples are immediately reported to both the District Medical Officer and the Divisional Veterinary Officer, the former because he has powers for stopping or diverting the milk for pasteurization and the latter for the subsequent herd investigation and removal of infected animals under the Tuberculosis Order, 1938.

*(b) Brucella Infection in Milk.*

The five laboratories which receive our biological samples are all examining the milk not only for the presence of the tubercle organism but also for brucella abortus—the organism which causes contagious abortion in cattle and is the cause of undulant fever in man.

The following table shows the number of brucella positive milks in 1955 :—

## BRUCELLA ABORTUS SAMPLES.

TABLE 29.

Designation	No. of Completed Tests	Results		Percentage of Positive Samples
		Negative	Positive	
Tuberculin Tested . . .	575	542	33	5.74
Non-designated . . .	349	334	15	4.30
Totals . . .	924	876	48	5.19

Samples are examined also for brucella melitensis which is considered to be more pathogenic to man. No positive results were obtained during the year.

*(c) Methylene Blue/Biological Samples.*

In order to assist the Agricultural Executive Committee in their control of milk production on non-designated farms which are not subject to routine sampling, a scheme has been devised whereby additional samples are taken where possible by the County Sampling Officers at the same time as biological samples. These are subjected to the Methylene Blue Test which gives an indication of the cleanliness of the milk. The failing samples are reported to the County Milk Advisory Committee for action. There is no statutory cleanliness test with which a non-designated milk must comply but the Methylene Blue Test forms a valuable guide on cleanliness and it is considered that this duplication of sampling on the part of our Sampling Officers entails so little extra work as to be well worth while.

The following table is the result of our methylene blue sampling activities during the year :—

## METHYLENE BLUE SAMPLES.

TABLE 30.

Number	Pass	Fail	Percentage
166	141	25	17.6

*(d) Supervision of Pasteurizing Plants.*

The County Council as Food and Drugs Authority, licenses and supervises pasteurizing plants in the greater portion of the County. The following authorities, being Food and Drugs Authorities in their own right, are responsible for licensing and supervising plants in their area :—

Watford Borough.  
City of St. Albans.  
Urban District of East Barnet.  
Urban District of Cheshunt.  
Urban District of Letchworth.

There are three types of pasteurizing plants in operation in the County, namely the High Temperature Short Time (H.T.S.T.), the Holder and the Continuous Flow Holder.

The High Temperature Short Time plant subjects milk to a pasteurizing temperature of not less than 161° F., for a period of not less than fifteen seconds the batch holder heats and retains the milk at a temperature between 145° F.



and 150° F. for not less than thirty minutes, and a modification of the batch holder subjects the milk to the same time/temperature treatment as the holder plant but the operation is controlled automatically to enable a series of holding compartments to be filled and emptied so that the process is continuous.

The following table shows the results of pasteurized milk samples taken during the year.

#### PASTEURIZED MILK SAMPLES.

TABLE 31.

	Phosphatase Test			Methylene Blue Test		
	Pass	Fail	%	Pass	Fail	%
Holder . .	554	14	2.5	546	—	—
H.T.S.T. . .	429	4	0.9	405	—	—
Totals . .	983	18	1.8	951*	—	—

\* Fifty samples were not subjected to the methylene blue test owing to the atmospheric temperature being higher than 65° F.

Again the results of phosphatase tests (efficiency of heat treatment) on milk treated in H.T.S.T. plants were better than those obtained for the holder type although the sampling results for the holder type of plant were an improvement on those obtained in 1954 (4.3 per cent failures). It must be remembered that a proportion of the samples included in this table are of an experimental nature and are not representative of the results one might expect from routine sampling. Every effort is made to find any weaknesses in this type of equipment and to suggest modifications to the manufacturers. Many of these samples were of forward flowing milk leaking past the outlet valve into the "finished milk" pipe lines. Such milk should be discarded before discharging the main contents of the holder because it is often inefficiently pasteurized. It is gratifying that there were no Methylene Blue failures in samples taken at plants. This test forms a guide to the cleanliness of milk and keeping quality. One of the difficulties, however, with the test is that should the atmospheric temperature exceed 65° F. between the time of sampling and the time when the milk is tested in the laboratory, the result must be discounted. This means that there can be no official test of keeping quality during hot weather when it is most needed. It is hoped that an alternative test will be devised one day together with some means of applying a temperature "yard-stick" which will allow for the effect of varying temperature conditions which occur at different times of the year.

#### MILK IN SCHOOLS SCHEME.

The percentage of children taking milk increased from 82.84 in 1954 to 84.62 in 1955. Three hundred and eighty-four school departments and twenty nursery schools are supplied with pasteurized milk; one school in the north of the County has tuberculin tested milk.

*Sampling.*—The School Milk Sampling Scheme was continued during the year unchanged. The milk supplied by each individual dealer is tested at least twice a term and the larger suppliers of milk to schools are sampled more frequently. The school which is supplied with raw tuberculin tested milk has methylene blue and biological samples taken.

Pasteurized milk samples have to pass the phosphatase test (which is indicative of the efficiency of heat-treatment) as well as the methylene blue reduction test. The following table shows the result of samples taken.

TABLE 32.

	No. of Samples	Phosphatase Test		Methylene Blue Test	
		Pass	Fail	Pass	Fail
Pasteurized . . . . .	290	288	2	269*	2
Tuberculin Tested . . . . .	6	—	—	5	1
Totals . . . . .	296	288	2	274	3

\* Nineteen samples were not subjected to the Methylene Blue Test owing to the atmospheric temperature being higher than 65° F.

All sample failures are investigated by either the County Council's Officers or, if the supply is from a dairy supervised by another Food and Drugs Authority, by the officers of that Authority.

*School Canteen Milk.*—Canteen milk samples are taken periodically. Many of the suppliers of canteen milk are already sampled under the Milk in Schools Scheme. There are 376 school canteens including nursery canteens in the County. The following table shows the result of canteen milk sampling during the year.

TABLE 33.

	No. of Samples	Phosphatase Test		Methylene Blue Test	
		Pass	Fail	Pass	Fail
Pasteurized . . . . .	99	95	4	97*	—

\* Two samples were discarded owing to atmospheric temperatures exceeding 65° F.

#### SCHOOL CANTEENS.

District Councils are responsible for seeing that food is prepared and stored in premises which comply with the standard laid down in Section 13 of the Food and Drugs Act, 1938. New legislation will come into force on the 1st January, 1956, and the old Section 13 will be replaced by the Food Hygiene Regulations which are to be made under the new Food and Drugs Act, 1955. The new Regulations will contain considerably more detail than the old Section 13 and will concern themselves with a wide variety of subjects which will include structural condition of premises, hygienic equipment, precautions to be taken in handling, storing, and preparing food, etc.

Arrangements continued whereby Sanitary Inspectors of District Councils paid occasional visits to school canteens used under the School Meals Scheme and much advice and assistance has been given. The District Councils will have the responsibility of administering the new Food Hygiene Regulations and it is to be hoped that they will continue to give their valuable advice and suggestions.

#### FOOD POISONING IN SCHOOL CANTEENS.

During the year there were six outbreaks of suspected food poisoning in school canteens. In the case of one outbreak which resulted in thirty-nine children and six members of the staff showing symptoms of food poisoning, a meat dish was suspected as having been the cause but subsequent samples proved to be negative.



In another outbreak involving fifty children together with six members of the kitchen staff, meat was again suspected and the subsequent inquiry by the Divisional Medical Officer contained the following conclusions and recommendations :—

“ Inquiry shows that this was an outbreak of simple toxic food poisoning . . . the cause being a profuse growth of toxin-producing-bacteria in one or more joints of salted beef served at the school dinner.”

The following recommendations were made :—

(1) When ordering salted beef, the meals supervisors should specify the actual joint of beef required so as to avoid small scrappy “ made-up ” joints.

(2) In cases of doubt as to the freshness of a joint the cook should refuse to accept it or telephone the Sanitary Inspector, who is a qualified meat inspector, always ready to advise her regarding its use.

(3) Even though large joints are cut into smaller pieces before being cooked, heat resisting bacteria often persist in the centre of the joints and are liable to spread throughout the meat unless the joint is cooled fairly rapidly after cooking, and then stored in the refrigerator. The cooking of joints must therefore be carefully timed, so that they can be taken out of the liquor or oven, allowed to cool in the pantry for an hour, and then placed in the refrigerator on the same day before the kitchen staff leave.

Cooks must realize that the practice of having meat at room temperature for long periods, whether before or after cooking will sooner or later give rise to trouble from bacterial growth, especially when supervision is delegated to untrained staff. The only safe meat is meat served when freshly cooked, or which has been kept in a refrigerator from within an hour of cooking until removed for slicing. The supervision of large joints of meat in the kitchen is of the utmost importance, and the lessons to be learnt from this outbreak may prevent further trouble of this nature arising in the future.

Of the other outbreaks which were reported during the year no final conclusions could be reached and no pathogens were recovered from food specimens submitted. It is sometimes found that what appears at first to be a suspected food poisoning outbreak has no connection with the school and is in fact a general infection involving many other people in the district outside the influence of school meals.

#### MEAT INSPECTION.

The Central Slaughtering Scheme was abandoned in July, 1954, and private slaughtering reintroduced. Many viewed the change with misgivings as it was obvious that, with central slaughtering, the work of meat inspection was made easier. The Central Slaughter-houses were usually situated in Urban areas where an adequate number of inspectors could be obtained to ensure that all meat was examined.

The hardest hit authorities were the Rural Districts, which, as a result of the de-restriction, in some cases found themselves responsible for several small slaughter-houses, often a considerable distance apart. Most of the initial problems seem now to have been satisfactorily overcome, but there is the additional difficulty that authorities bordering on the London area have been finding themselves responsible for inspecting meat intended for the London market and thus there is a disproportionate amount of work placed upon them.



An excellent system has been adopted by some neighbouring authorities whereby meat inspection duties are shared on a rota system. It might well be that this idea could be used more generally in the County to relieve inspectors who may find themselves hard pressed from time to time.

### SWIMMING BATHS.

Regular samples were taken from those swimming baths used by the County Council school children. In all, 363 samples were obtained during the year from the twenty-nine baths approved for use in the County.

Of the twenty-five continuous flow type of bath, seventeen had no failures during the year and four baths had one failure only. The worst offender of this particular type gave trouble by reason of the fact that on one or two occasions there was not sufficient chlorine to keep the sterilization equipment running satisfactorily. It shows that even the best equipment wrongly used is capable of giving unsatisfactory results. Fortunately during the year a new supervisor took over and conditions improved considerably.

In previous years I have reported critically on the more primitive "fill and empty" type of bath of which there are four used by schools in the County. It was gratifying to find that during the year two of these baths functioned without any trouble and the two other "fill and empty" baths produced only three failures out of a total of thirty-seven samples, despite the fact that the excellent summer weather resulted in a certain amount of overloading.

While our experience of "fill and empty" baths has, during the year, shown that they can give results which compare with those obtained from more modern continuous flow equipment, these satisfactory results can only be obtained by means of strict supervision.

It must be remembered that in this type of bath there is no continuous purification process and unless the state of water is watched carefully there can be sudden deterioration. This type of bath is usually met with at the smaller school which cannot afford to run a continuous flow type of pool but merely has a "tank" which is filled with water from some convenient source (usually mains water), the water being changed at intervals of two or three weeks. Owing to the expense of filling a pool of this sort there is a strong tendency to make the water "last as long as possible" with the result that towards the end of the period it is sometimes impossible to see the bottom of the pool owing to the great numbers of algæ in the water together with scum on the surface and organic matter in suspension. Water which has degenerated badly owing to having been used for too long a period without changing can present a most unsavoury appearance and with so much organic material present it is of little or no use to resort to dosing with chlorine, even in large quantities. Apart from the fact that most of the chlorine will be absorbed by the organic debris in the water, algæoid growths will be killed off on the sides and bottom of the pool causing a black incrustation which is sometimes difficult to remove. It is far cheaper in the long run for a pool to be given a close degree of supervision and for the amount of free chlorine in the water to be kept at a fairly constant level.

Subject to the following precautions we have found that it is possible to maintain a reasonable bacteriological standard in a "fill and empty" type of pool:—

- (a) The water must be emptied quite frequently during peak summer months. Much, however, depends on bathing loads and the ease with which a chlorine residuum can be maintained.
- (b) Several chlorine residuum readings must be taken during the day. A reading of 0·5 p.p.m. should be aimed at, and the chlorine residuum should not be allowed to drop below this.



- (c) At the end of the day's swimming a "shock" dose of hypochlorite should be added to the water to bring the residuum up to at least 1.0 p.p.m. This enables the sterilization process to go on overnight.
- (d) Each day's chlorine readings should be recorded on a graph.
- (e) The growth of algæ can be controlled by the addition of a small amount of copper sulphate in solution—certainly not more than the equivalent of  $1\frac{1}{2}$  lb. per 100,000 gallons of water capacity. A small pool would, therefore, only require a few ounces. As this substance is highly poisonous there should be only one addition made per filling. The solution of copper sulphate can be introduced into the pool by means of a watering-can.
- (f) Permissible bathing loads should be determined. Experience will show how many bathers can be permitted and the numbers should be regulated to that which will allow the required chlorine residuum to be maintained.
- (g) The speed at which the pool can be filled and emptied is important and must be borne in mind when planning swimming programmes over a period so that there is no risk of refilling being foregone in an effort to have the bath ready for a particular event.
- (h) The floor and sides of the bath should be floated with a smooth cement mix to facilitate easy cleansing and scum channels are an advantage for removing surface dirt.
- (i) The floor of the bath should be painted in a light colour so that bathers can be easily seen in the water. This is a safety factor.
- (j) A suitable squeegee must be provided for cleaning the floor of the bath and some form of hand net is useful for removing dead leaves and other debris floating on the surface.
- (k) When planning a small "fill and empty" bath, provision should be made for suitable inlets and outlets so that if at any time it becomes possible to install a small chlorinating plant, this can be done with the minimum disturbance.

It is usual in "fill and empty" pools to introduce chlorine in the form of a hypochlorite solution. In this type of chlorination it is undesirable for the residual chlorine to exceed 1 p.p.m. as some smarting of eyes might be experienced. The chlorine residuum can exceed this level provided that the pH value of the water is kept to a figure greater than 7.5, i.e. on the alkaline side. The complication of pH adjustment by the addition of alkaline solutions as well as hypochlorite to this type of pool is too involved for the average operator and this practice is uncommon.

It is pleasing to note that more baths of the continuous-flow type are being converted to the "break-point" system of chlorination. This is probably the most efficient and practical way of safeguarding swimming pool waters yet devised. It is found that in normal chlorination practice much of the so-called "free" chlorine is, in fact, combined with various organic substances, mainly albuminoid ammonia which retard the effect of the chlorine as a bactericide. Break-point chlorination consists in treating the water with chlorine in excess of the usual quantity. As the dose is increased more and more chlorine is absorbed by the ammonia compounds in the water until eventually these compounds are "broken-up". From this point onwards only a relatively small dose of chlorine is required to be added; this remains free to act on bacteria in the water without its efficiency being retarded by having to combine with other substances. Owing to the larger amounts of chlorine required in this form of treatment, the expense is slightly greater than in normal chlorination practice. Careful supervision is required to see the true break-point is



reached and to see that sufficient chlorine is added to maintain free chlorine in the water. In order to prevent discomfort to bathers it is essential to adjust the pH value of the water on the alkaline side. To attain this, careful supervision is necessary and for that reason the most modern type of chlorine apparatus is coupled directly with an alkali injector so that varying chlorine demands are accompanied by correct amounts of alkaline solution.

A considerable amount of structural work was carried out at one school bath during the year and the water purification plant has been completely modernized with an increased circulation and filtration capacity and with the "break-point" type of chlorination apparatus. This pool will be in full use during the 1956 season and a report on the result obtained, together with the previous sampling record, will be included in my next Report.

### THE DOLLIS BROOK.

As mentioned in my Annual Report for 1954, the County Council is responsible for carrying out duties under the Rivers (Prevention of Pollution) Act, 1951, for that part of the water shed of the Dollis and Folly brooks which is within the County boundary. Powers have now been obtained enabling the County Council's Officers to make inspections and to take samples for the purpose of preventing or reducing pollution in these streams. A preliminary survey has shown that the main pollution is due to farmsteads where over flowing cesspools and soakaways result in gross pollution at various points in the river. Efforts will be made to reduce this pollution by advisory visits wherever possible although the necessity for formal action may arise in the future.

### SEWAGE EFFLUENT.

Much of the County is covered by the two large Catchment Boards, i.e. the Thames Conservators on the western side of the County and the Lee Conservators on the east. The Conservators have very wide powers to ensure that rivers in their areas remain unpolluted and in consequence, District Councils are often faced with increased costs at disposal works owing to their having to provide more elaborate treatment facilities than might otherwise be necessary. The Conservators' demands for effluent standards sometimes exceed those of the Royal Commission on sewage disposal. This, of course, only applies where sewage discharges into ditches or streams which eventually connect with rivers. In cases where the effluent soaks into the ground the District Councils have another problem to face, that is, the possibility of polluting subsoil water supplies. There is thus a conflict between the need for disposing of sewage at a reasonable cost and the necessity of ensuring that rivers and subsoil water supplies are not jeopardized in any way.

There appears to be, however, no easy solution to this conflicting interest between the need for preserving the purity of public drinking water supplies and at the same time for providing sewage disposal at a cost which can be borne by the Local Sanitary Authority. As drinking water supplies themselves are almost invariably subjected to terminal chlorination and constant sampling and supervision takes place, there may be a case for more give and take on this problem.

### NEW HOUSING.

The following table shows the position regarding new housing provided by District Councils in the County to the 31st December, 1955. It is taken from the Ministry of Health Return.



TABLE 34.

	Permanent Housing		Temporary Housing Completed
	No. under Construction	Completed	
BOROUGHES.			
Hemel Hempstead . . . . .	61	862	50
Hertford . . . . .	83	708	50
St. Albans . . . . .	113	2,323	109
Watford . . . . .	72	2,836	100
Totals—Boroughs . . . . .	329	6,729	309
URBANS.			
Baldock . . . . .	34	375	—
Barnet . . . . .	68	544	100
Berkhamsted . . . . .	44	416	30
Bishop's Stortford . . . . .	—	654	85
Bushey . . . . .	32	449	50
Cheshunt . . . . .	318	895	135
Chorleywood . . . . .	—	198	—
East Barnet . . . . .	17	663	50
Harpenden . . . . .	28	550	25
Hitchin . . . . .	21	705	50
Hoddesdon . . . . .	47	570	38
Letchworth . . . . .	253	1,293	50
Rickmansworth . . . . .	80	887	100
Royston . . . . .	23	279	—
Sawbridgeworth . . . . .	—	179	10
Stevenage . . . . .	162	389	20
Tring . . . . .	8	128	—
Ware . . . . .	82	423	13
Welwyn Garden City . . . . .	159	885	150
Totals—Urbans . . . . .	1,376	10,482	906
RURALS.			
Berkhamsted . . . . .	6	162	—
Braughing . . . . .	—	396	—
Elstree . . . . .	88	1,284	100
Hatfield . . . . .	165	1,120	66
Hemel Hempstead . . . . .	24	558	35
Hertford . . . . .	30	402	—
Hitchin . . . . .	75	759	38
St. Albans . . . . .	212	1,111	6
Ware . . . . .	18	536	—
Watford . . . . .	15	560	50
Welwyn . . . . .	28	292	46
Totals—Rurals . . . . .	661	7,180	341
TOTALS—COUNTY . . . . .	2,366	24,391	1,556

This table does not show the housing development in the New Towns within the County boundary. The following table shows the number of houses completed in the New Towns at the 31st December, 1955.

TABLE 35.

	No. under Construction	Completed
Hatfield . . . . .	866	1,227
Hemel Hempstead . . . . .	1,954	4,866
Stevenage . . . . .	1,849	4,134
Welwyn Garden City . . . . .	688	2,127
<b>TOTALS . . . . .</b>	<b>5,357</b>	<b>12,354</b>

## REFUSE DISPOSAL.

The importation of refuse from one district into another is prohibited under Section 26 of the Hertfordshire County Council Act, 1935, unless a Consent is issued by the County Council. These consents can stipulate certain conditions which must be observed when the refuse is tipped and enable operations to be controlled in such a way to prevent nuisances arising. Ten new consents were issued during the year which permitted the tipping of inorganic material. One of these consents was for the dumping of waste material from a water softening plant and this will be disposed of on a site which was formerly used for the reception of chalky waste from acetylene works. The remainder of the ten consents issued covered the tipping of builders' rubble and excavated earth.

One consent was issued during the year which permitted the tipping of manure from slaughter-houses. While this manure consists principally of the stomach contents of slaughtered animals it contains at the same time some other organic material such as animal hair and discarded offal. In order to avoid nuisances permission was given for the material to be stored in clamps covered with earth. After a certain amount of composting has taken place the material is ploughed into the land as manure.

The consents for three large sites on which the tipping of putrescible domestic refuse is permitted, were redrafted during the year and the boundaries adjusted so that fresh excavations can be filled. In revising two of the consents the original idea of tipping to a " spot " height was discarded and efforts will be made to see that the land when reclaimed conforms to the contours of the surrounding countryside.

There are now in the County fifteen controlled tips licensed to receive putrescible material and thirty tips for inorganic (non-putrescible) refuse.

During the year 703 visits were made to refuse tips by officers in the Department.











